'METROPOLITAN MEDICAL RELIEF'

APRIL 1877

WITH APPENDICES

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METROPOLITAN MEDICAL RELIEF.

More than one-fourth of the population of London receive gratuitous medical treatment.

The radial lines of the Metropolitan Police District, drawn from twelve to fifteen miles round Charing Cross, include a population of upwards of four millions. Of these, upwards of one million, or one fourth, receive gratuitous medical treatment, and in the inner circle of London, where free dispensaries and out-patient departments of hospitals abound, the proportion so assisted is still larger. It may be said, without exaggeration, that in the interior of London, including its great eastern and southern quarters, nearly all below the middle class, and some even of them, are provided with medical attendance and medicines by private charity, with some assistance from the poor law. This is the central fact from which many unfortunate results naturally flow.

Their medical treatment consequently very imperfect;

The main object of securing proper medical treatment for the working classes, who form the majority of our people, has not been, and never can be, attained in this way. A vast population is encouraged to throw itself for medical aid on a few central points. Hence overcrowded waiting-rooms; the exhaustion of the strength of the patients by delay; mutual infection among large numbers of persons brought into close

contact in a susceptible state; the vitiation of the air of the hospitals themselves; and, more than all, the mockery of medical relief, owing to the impossibility of giving sufficient time to each case. This last result is so widely and painfully known, that I forbear to dwell upon it. The main characteristic of this system of medical relief is that our population is dealt with gregariously, instead of being broken into manageable groups, or, best of all, treated separately at their own homes.

and a great misdirection and waste of charitable funds ensues.

The next result is a great misdirection and waste of charitable funds. Dr. Meadows, and five other medical men, experienced in the work of London hospitals, recorded their opinion, in 1870, that 'the probable income of half the number of out-patients may be estimated at from £1 to £1. 10*s.* per week, and of one-fourth at more than this.' In 1874 a thorough investigation was made into the social position of the out-patients of the Royal Free Hospital, and they were reported to be divisible into two sections: 1st, Those who might reasonably be expected to pay something for their medical relief; and, 2ndly, Those who ought to be referred to the poor law. The details will be seen from the report in the appendix. This abuse of medical charity is largely promoted by the practice of issuing subscribers' letters, which are too often distributed without proper inquiry, or given avowedly as a matter of personal favour; and many employers contribute to hospitals with the object of providing medical assistance for their servants and workmen at a cheap rate, so that men with two or

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three pounds a week expect to be furnished with 'letters' to the neighbouring institutions for themselves and their families, and are thus relieved from the necessity of joining benefit societies and provident dispensaries. This is the true explanation of the lamentable appeals constantly made to save our medical institutions from insolvency. No funds that could be subscribed would overtake the emergency, because the gratuitous medical treatment of the entire working class, and of a considerable margin of the lower middle class, is a greater burden than private charity can bear, and the pressure is continually on the increase, as additional numbers become habituated to dependence.

The people are pauperised;

To hundreds of thousands this system of medical relief is the entrance-gate to those habits of dependence for which our London population is unhappily distinguished beyond the rest of their countrymen. Everyone stands in need of medical assistance at some time or other, while in family life it is a matter of frequent recurrence, so that, by the general application of the eleemosynary principle to our London hospitals and dispensaries, they have been converted into schools of pauperism. Our people are educated by them to improvident and mendicant habits, being entirely relieved, as regards this requirement of civilised life, from all necessity for forethought and thrift. Subscribers' letters are specially conducive to fraudulent mendicancy. Women collect them by begging from house to house, under pretence of wanting them for their own use; they beg at other houses on the evidence of the

distress which the 'letters' are supposed to afford; and, after all, they sell them, for they have a marketable value, which ought to go in aid of the expenses of the institutions. All the arts of deception flourish in connection with misapplied charity. Mr. W. H. Smith stated that 20 per cent. of cases selected by him for investigation, from among the out-patients at a large hospital, 'had given false addresses, so that it was impossible to trace them.'

and the medical profession is deprived of its just and necessary remuneration.

The last evil result of this system to which I shall allude is that it deprives the medical profession of its just and necessary remuneration. Medical men are expected to do, at hospitals and dispensaries, an amount of unpaid work unknown in any other profession, although the majority of the persons gratuitously treated are perfectly able to pay a moderate charge. Both ways, therefore, medical practitioners suffer. A totally disproportionate share of the burden of public charity is thrown upon professional persons dependent for their subsistence upon the exercise of the skill derived from an expensive education; and, by the same arrangement, they are deprived of a large portion of the practice which would otherwise fall to them. The depression of this important profession reacts to the detriment of the public in many ways. Unpaid labour, or labour which is all but unpaid, is sure, in the long run, to be badly done. Compare the slipshod work of the out-patient departments, at the rate of a minute a patient, with the careful manner in which medical men see their patients at home, at the

rate of five or six an hour at the outside. In poor and densely populated districts, where medical aid is most needed, the weakness of the eleemosynary system has been made apparent by the absence of an adequate supply of well-qualified practitioners, and by a growing disinclination to accept appointments in free dispensaries. No expenditure is grudged to give our military officers a fair day's pay for a fair day's work; and the national interests are certainly not less concerned in maintaining the professors of the healing art in proper efficiency.

But this part of the subject has deeper roots than I have now time to trace; and those who wish to pursue it further would do well to read a paper in the appendix from the Medico-Chirurgical Review, entitled 'The Limits of Unpaid Service.' It will there be seen that this is not merely a question of professional remuneration, but also of social position, and of the spirit with which the exigencies of a life of duty among the suffering poor may be expected to be faced.

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The first combined effort to remedy this state of things dates from March 1870. At a meeting presided over by the late Sir William Fergusson, at which 156 members of the medical profession were present, the following resolutions were passed:—

Sir William Fergusson's Committee and Sub-Committees.

'That this Meeting is of opinion that there exists a great and increasing abuse of outdoor relief at the various hospitals and dispensaries of the Metropolis which urgently requires a remedy;' and

'That, in the opinion of this Meeting, the evils

inseparable from the system of gratuitous medical relief administered at the outdoor department of hospitals and in free dispensaries can be in great measure met by the establishment, on a large scale, of provident dispensaries, not only in the metropolis, but throughout the kingdom, and by improved administration of poor law medical relief.'

A large committee was then appointed, which apportioned the subject among four strong sub-committees on 'General Hospitals,' 'Special Hospitals,' 'Dispensaries,' and 'Poor Law Medical Relief,' of which Dr. Meadows, Dr. J. E. Pollock, Dr. Stewart, and Mr. Spencer Wells were respectively Chairmen. These sub-committees thoroughly sifted their several branches of the subject, and made reports, to which I shall frequently have occasion to allude.

Committee, Report, and Conference of the Charity Organisation Society.

The next move was made by a Society which, having for its object the improvement of the permanent condition of the poor, soon came to the conclusion that one of the most powerful of the causes by which their condition had been depressed was this system of gratuitous indiscriminate medical relief, and that every other arrangement for their benefit must fail in producing its full effect while this evil remained unremedied. In March 1871 the Council of the Charity Organisation Society appointed a committee to act as their advisers in all that relates to medical relief. In the following October this committee made a report, pointing to 'a large development of the provident principle' as the appropriate remedy for the abuses of the medical chari-

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ties, and submitting model rules for the management of provident dispensaries based upon the experience of those institutions; and in December a conference was held, presided over by Mr. W. H. Smith, and attended by Mr. Stansfeld, President of the Local Government Board, Lord Josceline Percy, Dr. Acland, Dr. Guy, Mr. T. Holmes, Dr. Meadows, Dr. Fairlie Clarke, the Rev. Harry Jones, Mr. Gurney Hoare, and many others, at which the resolutions come to in the preceding year by the professional committee were discussed in the enlarged point of view of the Charity Organisation Society, and reaffirmed.

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Memorial to the British Medical Association.

In April 1875 the following memorial was presented to the President and committee of the British Medical Association, with the names of 303 members of the profession, of whom 195 were from London, and 108 from the country. Of the metropolitan practitioners, 92 were connected with hospitals, and 103 were general practitioners, many of whom held dispensary appointments. Among the former were Sir William Fergusson, Sir William Jenner, Sir William Gull, Sir Rutherford Alcock, Mr. Prescott Hewett, Mr. Erichsen, and other leading men in the profession :—

To the President and Committee of Council of the British Medical Association.—We, the undersigned, members of the British Medical Association, and others, beg most respectfully to request the Committee of Council to take into its consideration the relation of the medical profession to the hospitals and free dispensaries throughout the kingdom. Your memorialists are convinced that the manner in which these institutions (with some few exceptions) are at present conducted

inflicts a serious injury upon many most deserving members of our profession; while the indiscriminate (or almost indiscriminate) bestowal of gratuitous medical relief upon all applicants lowers the whole scale of our professional remuneration, it is far from being a real boon to the working classes themselves, and cannot fail, in the long run, to have a prejudicial influence upon the nation at large. The question to which we venture to draw the attention of the Committee of Council has been much discussed, of late years, both in the medical press and in the lay periodicals. It is not necessary, therefore, that we should enter into any details respecting it. We may, however, mention that there are three facts which have a very important bearing upon it, and which make the present time particularly opportune for entertaining it. These are: 1. The improvement which is now rapidly taking place in the social and political condition of the industrial classes; 2. The amendments which have lately been made in the administration of parochial medical relief; and 3. The increase, within the last few years, in the length and expense of medical education. These facts are admitted by all; and their concurrence has led, we believe, to a very general opinion among those who are conversant with the working of the free dispensaries and hospitals that some changes are necessary, in order to bring these institutions into harmony with the altered conditions of the present day. As it is desirable that any changes which may be necessary should be duly weighed by a body which fairly represents the medical profession, and should be recommended by high authority, so as to carry along with them the assent of the lay governors of the 'medical charities,' your memorialists pray you to take this important subject into your consideration.

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The presentation of this memorial was followed by the correspondence printed in the appendix. A decided expression of opinion from a body so largely representing the profession as the British Medical Association would have great influence; but the matter has got

beyond the stage of inquiry and report, and, as the ablest medical men have least leisure, and lay managers are sensitive about interference with their rights, I cannot advise any proceedings which would provoke the extreme advocates on both sides to further controversy and delay. The governing bodies of the different institutions, lay and professional, have been sufficiently informed by the discussion which has been going on all round the field since 1870, and I had rather trust to the unimpeded action of their sense of responsibility than to any external official pressure. The subscribers to the charities, who hold the purse strings, have also, to some extent, become sensible of their responsibility. We are now in the seventh year since Sir William Fergusson's committee, and the public interest in the question has never flagged during this long interval. Public opinion is far in advance of the point from which we commenced, and solid material progress has been made, although it has been of a varied and desultory kind. Evidently the time has arrived for reviewing our position, and making a fresh departure upon a well-understood plan.

Out-patient departments of general hospitals.

The out-patient department of St. George's Hospital has been placed upon a footing which allows of three provident dispensaries being successfully carried on in its immediate neighbourhood, besides a fourth which is in course of formation at Brompton. In the words of their report for 1875, 'In 1868 the whole of the out-patient department was made free, and this has enabled the executive to exercise much more control over the ad-

mission of applicants than when they brought governors' letters, when it was difficult, under such circumstances, to refuse any.' On each of the four ordinary out-patient days, forty new cases—twenty medical, and twenty surgical—are admitted by the Resident Medical Officer, after which their names, addresses, occupations, and any other information that may be required as to their social position, are given; and the Secretary freely avails himself of the assistance of the Charity Organisation Society, should there be any doubt as to their being suitable objects of charity. The cases admitted are, therefore, limited to the number which can be effectually dealt with ; and they are selected with due reference both to the nature of the professional aid intended to be given at hospitals, and to the means of the applicants, care being taken that no really urgent case is rejected. Students assist at the out-patient work, which is considered a valuable part of the hospital teaching. The number of out-patients in 1876 was as follows:—

Ordinary out-patients . . .	7,398
Eye patients	790
Aural	294
Orthopædic	346
From in-patients	171
Dental	1,448
Casualties	4,216
	14,663

The two last are exempted from the rule which requires information to be given as to name, occupa-

tion, &c. Arrangements have been made on the same principle at King's College Hospital, by the appointment of a Registrar to classify the out-patients and refer doubtful cases to the Charity Organisation Society, and although the number admitted has not been subjected to any fixed limit, it has diminished, under the influence of this revision, from 33,866 cases in 1873 to 21,347 in 1876. In the words of the last report, 'the whole of these alterations have been carried into effect to the manifest increase of the comfort of the patients, and the good order of the department.' At the general hospitals in the East and South of London a different principle is apparent from the numbers admitted, which were, according to the last published reports:—

St. Bartholomew's Hospital . .	137,318
London	40,717
Metropolitan Free . . .	39,968
Guy's	75,804
St. Thomas'	61,824
	355,631

the in-patients at the same hospitals in the same year (1875) having been only 21,370. No provident dispensary is possible in the districts under the influence of these institutions.

Special Hospitals.

The Special Hospitals have, to a great extent, acted upon the recommendation of Sir William Fergusson's sub-committee, 'that all patients who can afford it should contribute to the support of the hospital. The

sub-committee think that if this plan were carried out, advantage would accrue to the general practitioners, for the attendance of out-patients at hospitals being lessened, such patients would find their way to the various medical men in their neighbourhood.' While these hospitals are entirely free to the necessitous poor, a large proportion of them receive, in some form or other, payments from patients who, although they cannot afford the usual professional fees, are above the necessity of purely gratuitous aid. In this way only could such a large amount of truly charitable work have been done, both for those who could, and those who could not, pay something, and that without injury to the independence and self-respect of the patients. The District Committees of the Charity Organisation Society give all the assistance in their power to Special, as well as to General, Hospitals; but, that difficulties may not arise from the investigation being carried further than is necessary in hospital cases, the inquiries are limited to—1st, The amount of the applicant's income; 2nd, The number and ages of the family dependent on the applicant; and 3rd, Whether the applicant is in receipt of poor-law relief.

The Ormond Street Children's Hospital.

The pressure upon the out-patient department of the Ormond Street Children's Hospital, and the certainty that a large proportion of the applicants were not suitable objects of gratuitous relief, induced the managing committee to arrange with our society that they should not be admitted to a second visit until their letters had been stamped by the organisation committee of their dis-

trict. Upon this it soon became apparent that more than half belonged to the large intermediate class between those who can pay the usual professional fees and the necessitous poor; and that, although willing to make a moderate payment according to their means, they did not like to be treated as objects of charity, or to incur the inconvenience and waste of time caused by inquiries into their circumstances. The scheme finally proposed by our medical committee is, that those who are willing to make a small payment should be admitted at once, but that those who claim gratuitous relief should have their means investigated before they are seen a second time. In other words, that an alternative should be offered—*payment or inquiry*. So numerous are the claims upon the charity of the public in the present day, that institutions which have made arrangements for giving only to those who are really in need certainly ought to be preferred to those which give without discrimination.

Provident Dispensaries.

We now come to Provident Dispensaries, the increase of which, in due proportion to the population, is the key to the solution of the complex problem before us. The first conclusion arrived at by Sir William Fergusson's sub-committee was:—

> That a very large proportion of the out-patients of general hospitals (variously estimated at from *three-fifths to nine-tenths* of the whole) consists of *trivial cases* which do not require any special skill, and might be properly left in the hands of ordinary medical men. An inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tend to erroneous and ineffective treatment.

In fact, out-patient work, as generally conducted, neither conduces to the sound advancement of professional knowledge, nor to the advantage either of the students or the public. And, bearing in mind that the staff consists exclusively of consultees, and that clinical teaching is one of the most important advantages derived by the public and the profession from the institution of public hospitals, the Sub-Committee are of opinion that some special claim ought to be made out for perfectly gratuitous hospital advice, such as sudden emergency, surgical requirements, long-continued ineffective treatment, peculiar, obscure, and complicated disease, unforeseen and unavoidable distress, or some other special cause, making it desirable that the attention of a consultee should be given to the case. . . . As the hospital staff consists of consultees, not general practitioners, it is only consistent that their services should be asked for chiefly in cases of peculiar difficulty, prolonged anxiety, deep professional interest, &c., and it is altogether unreasonable to call upon them to treat case after case for many hours together, without, it may be, the occurrence of any single point of interest. . . . The Sub-Committee therefore believe that the foundation of a series of provident dispensaries is a necessary condition of any improvement in the out-patient department of our public hospitals. The law has, in their opinion, amply provided for the careless and improvident, and the funds contributed by the benevolent should be given in preference to the assistance of those who are inclined to help themselves.

The real question, therefore, is how to provide for the ordinary medical treatment of the lower-middle and working class. The hospitals will always be open to serious and difficult cases, but these bear a small proportion to the everyday class of trivial ailments (including those of women and children) which must be properly attended to if our population is to be maintained at a high average of health. The first condition

of success is that the payments should be suited to the circumstances of the patients. The slender resources of a working man are soon broken down by 'doctors' bills,' but there are few who cannot afford a small continuous payment made from month to month on the principle of mutual assurance. For this each family obtains, not as an act of charity, but by right, medical attendance and medicines at their district dispensary, or, if need be, at their own home ; and they also have the privilege of selecting their own medical attendant from among the officers of the dispensary. Not the least advantage of this system is that the homes of the people are brought by it into just prominence. Much has been said of late years about the salutary influence of a trained nurse upon a working class ménage. The practised eye of a well-instructed medical officer from the district provident dispensary, in the numerous cases better treated at home than in any institution, would not be less efficacious, and would much promote the object we all have at heart, of providing improved dwellings for the working class. The advantage to medical men is that there are no bad debts, and no small bills to collect, all the payments being made in advance, not to the doctor directly, but to the secretary ; and that all the patients who are well enough are seen at the dispensary where the medicines are provided. If the mass of our people are to obtain willing service from highly educated men, the conditions must be adjusted to the feelings and habits of the practitioners, as well as to those of the patients.

Provident dispensaries are impossible in the interior of London in the face of unlimited gratuitous relief at the out-patient departments of hospitals and at free dispensaries; but it will be seen, from the statement prepared by Dr. Ford Anderson, that they have made considerable progress in the suburbs, where such competition is felt in a minor degree. Of the twenty-seven provident dispensaries now existing within the Metropolitan Police District, fifteen have been established, or converted from being free dispensaries, since Sir William Fergusson's committee.

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Metropolitan Poor Law medical relief.

It is agreed on all hands that the ordinary medical treatment of the destitute should be left to the poor-law authorities. This has of late years been greatly improved in the Metropolitan District. Indoor medical relief is now based upon a system of separate infirmaries, which are really well-appointed hospitals under suitable regulations, having each its staff of infirmary officers and trained nurses. When the bread-winner, or any member of his family, becomes disabled by sickness, the quickest way of being restored to health and the power of self-support is to go into the infirmary for the necessary time. Outdoor medical relief, although curtailed of some of its abuses, is still given on the same liberal terms as before, including not only medical advice and medicine, but also a liberal diet for the support or restoration of the health of the patient; and it has been reinforced by the establishment of fifty-seven poor-law dispensaries, at which patients and medical officers meet to give and receive the benefits provided. This action of the

poor-law authorities has greatly facilitated the reform of the entire system of medical relief; for, as the upper and middle classes take care of themselves, while the lowest class is now satisfactorily cared for by the poor law, the question has been narrowed to the working class, who can all contribute something towards a common purse for their medical treatment. Extracts in the appendix from the two last reports of the Local Government Board, and a list of the metropolitan poor-law dispensaries, give further information on this part of the subject.

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The Hospital Sunday Council.

All who desired the reform of this vast system of medical relief looked forward with hope to the Hospital Sunday Council. The funds already available for medical relief were more than sufficient if they were properly applied and properly reinforced by payments from patients well able to pay; and in this central representative body, armed with the power of the purse, an authority was recognised capable of restoring the financial equilibrium by suitable administrative arrangements. These hopes have not been realised. The grants made by the Council are based upon the average expenditure of each institution for the last three years after making certain deductions, with this important reserve, that the merits and needs of each institution are to be fully inquired into, and the award is to be determined according to the judgment of the Distribution Committee upon them; but this great influence has not been used to induce the institutions to act in concert upon a well-arranged plan, without which there can be

no general improvement in the system of medical relief.

On two points the action of the Council has been distinctly retrogressive. One of Sir William Fergusson's sub-committees reported that 'the system of admission by governors' and subscribers' letters is radically wrong as regards out-patients, and ought to be abolished. This practice is one of the chief sources of hospital abuse.' And another remarked: 'There is often a difficulty in the poor procuring a letter of recommendation; and, besides, when obtained, it is generally after many hours spent in walking, which may materially increase their malady, and hinder that very recovery they are striving to secure.' A great extension was given to this practice by the distribution of letters by the Council in proportion to the amounts collected by them, which has been only partially corrected by limiting the letters to half the number claimable by annual subscribers.

The first Distribution Committee reported, that 'a large number of the inhabitants of this great Metropolis apply annually for gratuitous medical relief, and it is scarcely possible to refrain from expressing the hope that the time is not far distant when very many of these applicants may be induced to associate together to secure for themselves efficient medical relief in time of need, as a matter of right, rather than to be so constantly dependent upon purely charitable assistance. The great step in this direction would appear to be to make a large number of our local dispensaries self-

supporting to a great extent, if not entirely "provident dispensaries."' The disappointment, therefore, was great when the list appeared with full grants to the free dispensaries, while the provident dispensaries were stinted to a proportion based upon that part of their income which is contributed by honorary subscribers. This was the unkindest cut of all, because it seemed to be directly aimed at the provident principle. The object of provident dispensaries is to encourage habits of forethought and independence, by inducing our people to rely for medical treatment rather upon their own thrift than upon the charity of others,* whereas, instead of helping those who help themselves, the grants of the Hospital Sunday Council varied in the opposite ratio, growing larger as the eleemosynary principle was developed, and smaller as self-support was exhibited, until they vanished altogether. The remonstrances made against this decision were so far successful that, according to a revised rule, 'payments made by, or on behalf of, patients, are left to the discretion of the Distribution Committee, to be dealt with in each case as they may see fit;' and the footing on which the matter now stands is, that while grants in aid of institutions on the eleemosynary principle can be claimed as a right, they can be hoped for only on sufferance, and by favour, when the object is to help those who help themselves. The provident dispensaries also seriously suffer in this way. An annual sermon used to be preached on

* 'There is no class of medical institutions which are truer charities, for they help the poor to help themselves, and they call out and foster one of the best instincts of human nature, viz. the desire of independence.'—*Quarterly Review for April* 1874.

their behalf in the churches of their respective districts, which not only produced more than they get from the Hospital Sunday Fund, but brought the wants of the local institutions periodically before the inhabitants of the neighbourhood. In the absence of this, there is an increasing difficulty in obtaining fresh subscribers in place of those who die or leave the district, and many refuse on the ground that they give to the Hospital Sunday Fund.

The Hospital Saturday Fund.

The principle of the Hospital Saturday Fund is, that those for whose benefit hospitals and dispensaries were established should contribute towards their maintenance, and have a share in their management. We cordially welcome the working men of London to the consideration of a question which concerns them more than any other class. No solution of it which is not manifestly to their advantage can be solidly based.

The sums actually distributed from this fund among the hospitals and dispensaries have been as follows:—

1874 . . .	£4,508.
1875 . . .	£4,010.
1876 . . .	£4,250.

But this partly consisted of contributions from the general public, and the whole was obtained at the cost of an extraordinary expenditure of time, labour, and money. 'That the work was not a light one' (I am quoting from the report for 1874) 'is attested by the fact that, since the origin of the movement, no fewer than 76 public meetings have been held in aid of the fund; over 100 deputations from the Council waited by appointment on various societies and employés of

large firms; while the Council and other meetings in Leicester Square numbered 106, independently of the meetings held by the local Committees in the various districts.' And the report for 1875 says: 'The magnitude of this year's work may be understood in some measure by consideration of the fact that there have been 11 Board, 21 Council, and 126 Committee meetings; that the chairman, the treasurer, and one of the honorary secretaries were in constant attendance; and that the honorary assistant-secretary has devoted the whole of his time to the duties of his office.' The real nature of the undertaking is described in the following striking words from the report for 1876: 'To induce a class to recognise and perform a duty which had been previously ignored is a task of no mean difficulty. This is so, no matter how small the community, but in one covering 225 square miles of ground, and numbering 4,000,000 souls, the difficulty is almost insurmountable.'

It is remarked in the report for 1874 that 'the surest way of protecting charitable institutions from imposition, and to ensure their being suitable in every respect for the requirements of the poor, will be for the subscribers to hospitals to elect working-men representatives on the boards of management'; but it does not appear that any progress has been made in this direction, nor does the plan of the Association lead in any direct manner to it.

The plan contemplates that each institution participating in the distribution shall place in the hands

of the Hospital Saturday Council hospital and dispensary letters equal to the amount allotted. In the report for 1875 regret is expressed that the collection had not been larger, 'as the board only receive from the various institutions "letters" pro rata to the money they are enabled to allot,' while continuous applications are received for them; and in the report for 1876, notwithstanding some help from gifts of additional letters, 'much difficulty and anxiety' is stated to have been felt by the Council, 'whose resources, so far as "letters" are concerned, are much overstrained.'

All these conditions would be changed for the better if, instead of a general collection from a single centre, and a general distribution among all the London institutions, the working men took the matter into their own hands, and established any requisite number of provident dispensaries.

It is stated in the first report of the Hospital Saturday Council that, on a moderate computation of the working population of London, a subscription of a halfpenny a week from the males, and of a halfpenny a month from the females, would produce £69,530. Only a small proportion now contribute, for the majority are not alive to merely public considerations, and the few pay for the many, the industrious and thrifty for the idle and improvident. But if the responsibility were fixed upon the persons benefited, leaving each family to pay for its ordinary medical treatment on the mutual assurance principle, the income of two or

three well-supported provident dispensaries would equal the annual sum collected by the Hospital Saturday Council, and their larger aggregate estimate of £70,000 would gradually be attained, the payments being made at the different dispensaries at the commencement of each month by a self-acting process, without any begging, or any of the waste of money, or still more valuable time and labour, which now takes place. Instead of exercising an imperfect general influence, by giving or withholding grants and denouncing shortcomings, the London working men would then have institutions of their own, which they could adapt to their wants and habits by arranging that the patients should be seen at hours convenient to them, and in other ways. It is unreasonable to expect that the portion of our population for whose benefit hospitals and dispensaries were established should pass at once from being alms-receivers to alms-givers, without going through the intermediate stage of independent self-support.

Under this arrangement 'subscribers' letters' would be a thing of the past. Every family would be a subscriber, and would demand of right what had previously been obtained by troublesome and humiliating solicitation. Those only who have seen what must be endured on out-patient days at general hospitals, notwithstanding every effort to reduce the suffering crowd to order, can appreciate the blessing of the prompt treatment obtainable, through the medium of provident dispensaries, on any day and at any hour, either at the dispensary itself or at the homes of the

patients, according to the nature of the case.* On the other hand, the hospitals themselves, being relieved from the pressure of trivial dispensary cases, would more fully perform their true function of bringing the highest skill and the largest experience to bear upon serious and difficult surgical and medical cases. One of the incidental advantages of the provident dispensary system is that, being based upon payments made from month to month, without any balances accruing to the credit of members, as in savings banks and benefit societies, members changing their residence can enrol themselves wherever they happen to be without any special arrangement being made for the transfer.

Convalescent hospitals.

During the last seven years there has been a satisfactory development of convalescent hospitals, which, although situated on the seaside and elsewhere in the neighbouring counties, are really an admirable supplement to the London hospital system. The buildings and original outfit are provided from charitable funds, but the current expenses are, in general, defrayed, as far as possible, by payments made by, or on behalf of, the patients. Without going the length of saying that the cases are numerous in which persons spend the winter in London hospitals, and the summer in seaside convalescent institutions, it is certain that more than usual care is requisite to sift the real from the pretended claims to this attractive

* It is more important to the poor than to the rich to have their ailments promptly attended to. Their bread depends on their health; and to get a doctor at once, when wanted, saves many a day's work to a poor man.

description of charity, and recourse ought to be freely had to the experienced and considerate inquiries conducted by the district committees of the Charity Organisation Society. There ought also to be a closer bond of union between the curative and convalescent hospitals, so that cases requiring change of air to complete the restoration of health may be freely transferred to the hospital sanatorium, either upon payment or gratuitously, as the circumstances may be.

Practical conclusions.

After so many years of searching investigation and discussion following upon Sir William Fergusson's strong professional committee, sufficient common ground may surely be found to serve as the basis of future action. The specific practical proposals I am going to submit will, I hope, be accepted, not as my private opinions, but as the conclusions which must be drawn from the ample experience which has been acquired.

Out-patient departments of hospitals.

1. Out-patient letters should be abolished, and admission to the out-patient departments of hospitals should be confined to those cases which, on account of their urgency, difficulty, or other peculiarity, require hospital treatment, while ordinary trivial cases should be referred to provident, or, if the applicants are paupers, poor-law, dispensaries. When patients suitable for hospital treatment appear to be unsuitable as objects of charity, they should pay at prescribed rates or have their circumstances inquired into.

Provident dispensaries.

2. The existing free dispensaries should be converted into provident dispensaries, and new provident

dispensaries should be established in proportion to the wants of the population. For this purpose the upper and middle classes should come to the aid of the working class until the dispensaries become entirely self-supporting; and some portion of the abundant resources derivable from obsolete metropolitan charitable endowments might with advantage be applied to providing the requisite buildings; but, from the first, not less than half the managing committee of each dispensary should be elected by the members, the remainder being appointed by the honorary subscribers.

Cases suitable for hospital treatment to be transferred from dispensaries.

3. For the double purpose of securing the prompt admission of cases requiring the special resources of a hospital, and of increasing the supply of instructive cases for medical education, the medical officers of provident and poor-law dispensaries should be authorised to recommend for treatment in the neighbouring hospitals such cases as, from their peculiar or difficult character, or from their requiring prolonged clinical treatment, can best be dealt with in a hospital.

Beyond these I am not aware of any indispensable conditions of the reform of the present system of metropolitan medical relief. The managing Committees, and the subscribers who supply them with the necessary funds, best know how to adapt these general principles to the individual circumstances of each institution.

Two other desiderata would be supplied by drawing closer the connection between hospitals and dispensaries two desiderata of the present state of the medical profession would be supplied. Regular means of instruction would be provided in the

domiciliary treatment of disease,* including the every-day class of domestic complaints which form so large a part of the business of the medical practitioner; and the difficulty of surmounting with safety and credit the critical interval between the completion of professional education and the establishment of a satisfactory practice would be diminished. When students have finished their course at the hospitals, they could not have a more suitable field for acquiring varied experience and laying the foundation of a professional reputation, earning meanwhile an income, which, although moderate, would suffice for their support, than by obtaining an appointment at a provident dispensary, and en-

ing closer the connection between hospitals and dispensaries.

* The following is from Sir William Fergusson's Sub-Committee on General Hospitals:—'One of the most glaring defects in the present system of medical education, a defect which has become more and more prominent since the discontinuance of the system of apprenticeship, is the entire absence of practical acquaintance with the domiciliary treatment of disease. In the hospital everything is at hand—the formula for the prescription, the nurse with every convenience, the dietary fixed and suitable, and the ward with perfect cleanliness and space—whereas even in the most perfect private dwelling the medical attendant is called upon to tax his ingenuity and resources to the utmost. He must give instruction as to ventilation, cleanliness, feeding, nursing, &c., and these and other directions have to be varied in almost every dwelling. He must also write out in full his prescription, so that it may be clearly understood. The Sub-Committee are therefore of opinion that the teaching power of the out-patient department would be very largely increased if students of three years' standing were required to attend for six months as assistants at a provident or poor-law dispensary, and they think that some provision might be made by which serious and interesting cases admitted to these institutions shall, through the instrumentality of the dispensary, be transferred to the hospital for special treatment and clinical illustration. By such an arrangement the consulting staff of hospitals would at all times be able to secure the attendance at the hospital of a series of cases illustrating special diseases, and by this means also carry out and test special modes of treatment; whilst, as in Edinburgh, the affiliation of such dispensaries to hospitals would always secure the prompt admission of acute diseases, and of cases requiring the peculiar resources of the hospital. It is believed that an ample field of useful and interesting observation would always be secured to the out-patient staff, without the possibility of abuse, and they therefore think that the out-patient department ought to be recognised for purposes of special clinical teaching in the same way as the in-patient department is already.'

gaging actively in visiting patients at their own homes, as well as attending them at the dispensary.*

The state of the question in other large centres of population.

The evils with which we are familiar here have also appeared at Manchester, Liverpool, Glasgow, and other centres of population, but, in dealing with them, these provincial cities have two advantages over us. Although their population is large, and their medical institutions are numerous, compared with any other place except London, yet each is pervaded by a corporate spirit, and forms a real autonomy, so as to be perfectly manageable on a question of this sort affecting the general municipal interest; whereas London is not so much a city, as a province of houses, which can only with the utmost difficulty be influenced from a single centre; and, secondly, these northern communities are more strongly constituted than the corresponding stratum of London society, being chiefly composed of large bodies of well-paid workmen who have not been corrupted by a vast indiscriminate system of public and private charity. The provident dispensary system first took root in these northern parts, and to them we still look for an example in all that concerns thrift and independence.

North-ampton, Derby, Manches-ter;

Last year the members of the Northampton Provident Dispensary entitled to attendance were 17,849†—more than one-third of the population of the town. The payments made by them amounted to £2,218; the

* An arrangement on this principle is successfully acted upon at Paris: 'There were in 1867 about 1,000 persons on the medical poor-relief staff, students in the fourth and fifth years of study. These appointments are much sought after, and are only given by competitive examination.'—*Poor Relief in different parts of Europe*, 1873.

† This number is more remarkable as there is another large Medical Institute in the town supported by the Odd-Fellows and other Working Men's Clubs.

attendances on patients at the dispensary were 5,903 ; at the medical officers' houses 15,062 ; and the visits paid to patients at their own houses 29,804. The payments to the three medical officers for the year were £1,696. At the Derby Provident Dispensary there were 5,696 members, who paid £997, and voted £497 to the medical officers. But of late years Manchester has taken the lead. In July 1873 Sir Rutherford Alcock and Dr. Ford Anderson were deputed by the Charity Organisation Society to attend a meeting of the subscribers to the hospitals and dispensaries at Manchester, at which it was resolved: 'That, as there is a large class of working men above the condition of pauperism who, while unable to pay the ordinary medical fees, are yet well able to make small periodical payments for medicine and medical attendance, it is desirable to establish provident dispensaries, by which these cases may be provided for.' Manchester and Salford were then divided into districts, with a view to a provident dispensary being placed in each, to be managed by its own committee, consisting of ordinary members, honorary members, and medical men. Up to the present time seven such dispensaries have been established with 13,759 members, who subscribed last year £2,881, and paid £1,492 to their medical men. Lists of applicants to the hospitals and free dispensaries are daily sent to the Provident Dispensary Society, by whose inspectors they are visited at their homes ; and those who are able to pay the small subscriptions required under the provident system have

their cards stamped in such a manner as to preclude them from receiving gratuitous relief a second time, and are referred to the provident dispensary of their district.

Liverpool, Glasgow, &c.

At Liverpool, also, serious attention has lately begun to be given to the subject. The number of persons receiving gratuitous medical aid is greater, in proportion to the population, than at any other town in the United Kingdom—being no less than 159,063, without including homœopathic dispensaries, the Consumptive Hospital, &c.; and the following resolution has been recently passed by the Northern Medical Society of Liverpool:—'That the indiscriminate bestowal of gratuitous medical relief interferes to a large extent with the rights and maintenance of medical men; and, so far from being a real boon to the working classes, it encourages many of them to take advantage of institutions intended to be utilised only under special circumstances, thereby fostering in such persons acts of imposition and dishonesty, which lead too often to the sacrifice of self-respect, and to improvidence and pauperism.' The case is much the same at Glasgow, where the local Charity Organisation Society has the matter in hand. Provident dispensaries have recently been established at Chudleigh, Oxford, Watford, and Shrewsbury, and the subject is under consideration at Southampton, Lancaster, and other places.

The provident dispensary system in the rural districts.

Some of the most remarkable instances of the advantages of the provident dispensary system are to be found in the rural districts. I know a country neigh-

bourhood in which the beneficent practice of the medical profession was well-nigh suspended, owing to the mutual irritation caused by the difficulty the labourers had in paying, and the doctors in getting, the amount of their bills ; but this dead-lock was brought to a close by the establishment of a provident dispensary, at which the labourers' pence were collected, month by month, in advance, and were handed over, without risk or trouble, to the medical men. More ambitious arrangements have been made to comprehend entire unions, and even an entire county, in a provident dispensary association ; but the institution is essentially local, and, however much provident dispensaries may profit by an exchange of experience, each must stand upon its own basis of a duly constituted committee of management acting in communication with the members on one side and the medical officers on the other. There is now a general desire to take advantage of the improved condition of the working classes in order to encourage them in habits of providence and self-respect, and nothing would more conduce to this than the substitution of the provident dispensary, which is based upon forethought and independence, for outdoor medical relief, which, like the out-patient department in towns, is too often the first step towards pauperism.

Cottage Hospitals.

This sketch would be incomplete without briefly noticing Cottage Hospitals, which have been founded of late years in full view of the faults of the existing system of medical relief, and with a corresponding desire to avoid them. Instead of concentration there is decentralisation. The type aimed at is that of a

well-ordered home, with its kindly, health-giving, individual influences; and, as the patients are treated as if they have duties to perform and a character to sustain, their moral nature receives no taint from the material aid given to them.

Influence of England upon its colonies and dependencies.

In all this we ought to remember that we are an imperial people, and that the prevailing arrangements here are reproduced, by the mere force of habit, in our colonies and dependencies. The transplantation of our hospital system to Victoria is described as follows in a recent letter from Melbourne:—

> The old colonist, always a tremendous boaster and immensely proud of anything *colonial*, will be sure to point with pride to the large hospitals, the benevolent asylums (in plain English, *workhouses*), refuges, and dispensaries; and with much self-glorying will point to them as evidences of the immense charity of his fellow-colonists. Were he less ignorant, he would be not proud but *ashamed of them.* In Melbourne, a young city of 230,000 people, surrounded by a large, fertile, and almost uninhabited district, where labour commands high wages, may be seen vice, poverty, misery, and squalor equal to that in any town of similar size at home. If the people would but leave the town for the country much misery would be obliterated. But the Victorians, ignorant of the true causes of poverty, and unmindful of what has occurred in other countries, foster and encourage the growth of all these evils by spending fabulous sums in ill-directed charity.
>
> In London the doctor is often disgusted by seeing well-dressed and well-to-do patients seeking gratuitous medical aid, but in Melbourne he would be still more shocked by seeing patients driving to the hospitals in broughams, female patients and their friends rustling in silks and gaudy costly jewellery, and shopkeepers wealthier than the doctor occupying his time and exhausting his energies—without paying a farthing.

APPENDIX No. I.

Report by the Administrative Committee of the Charity Organisation Society on an Inquiry into the Social Position of the Out-Patients of the Royal Free Hospital, Gray's Inn Road. February 1875.

In July 1874 the Managing Committee of the Royal Free Hospital entered into communication with the Council of the Charity Organisation Society with a view to obtaining a thorough inquiry into the social position of their out-patients.

In the following October the Council took the necessary steps for complying with this request.

A member of the Council kindly undertook to superintend the investigation; the Committee of the hospital agreeing to pay two assistants for a month to take down particulars of cases under his direction and do other clerical work.

Pains were taken to ensure that the cases inquired into should represent a fair average of the patients usually attending the hospital. With this view names were taken down on different days of the week, so as to include samples of both surgical and medical cases under the treatment of all the different officers. For instance, on the first day the names and addresses of all the patients who applied, 281 in number, with as many particulars as time would allow of, were taken down; on another day only the new cases, 118 in number, were taken, on another only the surgical, on another the medical cases.

The particulars thus obtained were sent to the District Offices of the Charity Organisation Society and investigated by its Agents, and the papers containing the results of these investigations were then classified.

Before mentioning the results obtained it is necessary to explain the principles which governed the classification.

It is obvious that in classifying persons for the present purpose hard and fast rules cannot be absolutely adhered to. Allowance must be made for large families, dependent relatives, long-continued sickness, and so on. Each case must be considered separately on its own merits. This has been done in this inquiry. The general rules, however, which have guided the investigators in the absence of exceptional circumstances may be thus summarised:—

1. Those are set down as able to pay a private practitioner, who are earning 40*s.* a week or more.
2. Those earning from 20*s.* to 40*s.* are considered proper members for Provident Dispensaries, also single persons in some cases though earning less than 20*s.* a week.
3. Persons earning less than 20*s.* a week, but still enough for their support in health without parish assistance, are classed as 'proper applicants.'
4. 'Parish Cases' include all those who are actually in receipt of parish relief, either for themselves or any of their family, as well as those who can barely support themselves by their earnings during health, and who in time of sickness cannot obtain even the necessaries of life.
5. The fifth class consists of those who have given false information as to name or address. It no doubt embraces many persons of immoral character, who made false statements with a view to concealment; when, however, the information given was sufficient to enable the investigator to classify the applicant with reasonable confidence under one of the foregoing heads, this has been done, thus giving him the benefit of the doubt as to his integrity, and making the positive decisions as complete as possible.
6. When the information obtained was not sufficient to enable the investigators to form any opinion the case has been set aside.

In adjudging cases to Classes 1 and 2 great allowances have been made. Those who have conducted the inquiry have no doubt that many persons whom they have placed in Class 2 would be included in Class 1 if the opinion of the general practitioners of the neighbourhood were taken, and they are

practically the best judges of what the lower middle class can pay.

With regard to Class 3, we are bound to state that in the opinion of those who conducted the investigation, the whole body of the out-patients is really divisible into two sections: (1) Those who might reasonably be expected to pay something for their medical relief, and (2) those who ought to be referred to the parish. 'So much allowance,' they say, 'has been made in respect to the cases which have been called "proper applicants," that it may be confidently asserted that many of them could pay a trifle for themselves, while the rest would have no difficulty whatever in obtaining a parish order; and now that so many improvements have been introduced into the administration of parochial medical relief, there need be no hesitation in referring them to the parish.'

With regard to the large percentage who have given false information, it may well be asked whether they are the persons whom the public wish to encourage, or who ought to be relieved by charitable funds.*

Judging the 641 cases that have been investigated, upon these general principles, subject to the allowances referred to, it was found that they divided themselves as follows:—

1. Number who could afford to pay a private practitioner	12
2. Number who could afford to subscribe to a Provident Dispensary	231
3. Proper applicants	169
4. Parish cases	57
5. Number who gave false addresses . .	103
6. Number about whom sufficient information was not obtained	69
TOTAL . . .	641

From these figures it results that, after excluding the 172 contained in the two last classes, $2\frac{1}{2}$ per cent. of the remainder were considered suitable for private practitioners, 49 per cent. for Provident Institutions, and 12 per cent. for

* These principles of classification have been arrived at after a careful consideration of the opinions which have been expressed by medical men who are conversant with the subject, and after inquiring into the working of Provident Dispensaries and Sick Clubs. *See* Appendix, p. 39, for the result of an inquiry by Dr. Ford Anderson, into the classes attending Provident and Free Dispensaries.

parish assistance, whilst 36 per cent. are classed as proper applicants.*

Looking at these cases as a whole, it seems clearly undesirable to admit to the benefits of a charitable institution the persons who have been placed in Class 1. All will probably agree that they ought to be excluded from the hospital. They are in no sense fit recipients of charity, and it is an injustice to the really poor and to the general practitioners of the neighbourhood that they should be permitted to resort to the out-patient rooms.

It is more difficult to say how Class 2 ought to be dealt with, and yet it forms such a large proportion of the whole number that we can hardly be contented with the present state of things. It is precisely for this class of persons that some change is required in the mode of administering medical charity in the Metropolis. The great majority of them are no doubt unable to pay even the lowest scale of a general practitioner's charges, but they are well able to contribute a small amount towards the cost of their own treatment, as many of them would gladly do. It is most desirable that this feeling of independence should be encouraged, and it has been shown in many instances that a plan can be adopted which is alike advantageous to the patients and to the medical men. As the title given to Class 2 imports, this could, in our opinion, best be effected by putting them in relation with a Provident System of Medical Relief. Whether, or how, this can be carried out at the Royal Free Hospital it is not within the scope of this report to say. It may be permissible, however, to call attention to the Royal Albert Hospital, Devonport, where the out-patient department has for some years been carried on upon the Provident principle with marked success,† and to the increase in the number of Provident Dispensaries which has taken place of late years, notwithstanding the difficulties they have had to encounter from unequal competition with free hospitals and dispensaries. Possibly the one or the other of these facts may afford a clue to the direction in which reform should advance. These reforms are so urgently needed, that any hospital which would take the matter seriously in hand, and re-model its out-patient department

* *See* Appendix, pp. 41–46, for a tabular statement giving the employments of the applicants in detail.

† An extract from the last Report of the Royal Albert Hospital is given in the Appendix, p. 40.

upon the Provident principle, would confer a great boon upon the Metropolis, would fall in with the growing feeling of public opinion, and would establish a fresh and most legitimate claim upon the sympathies of the benevolent.

If a Provident Branch could be established, or if a Provident Dispensary could be affiliated to the Hospital, this would very materially facilitate the better regulation of out-door medical relief. A large proportion of the applicants for out-patient relief might then be rejected, or rather referred, without the least appearance of harshness.

Any such institution ought to be self-supporting. It should be served by the out-patient staff of the hospital, and a great part of the members' payments should go to form a fund which the medical officers should receive as an honorarium for their services.

If some such action were generally adopted by the medical charities, and the present rivalries exchanged for a friendly co-operation, the scale of provident payments might be brought down to a very low figure, while the resources of the hospitals would be increased, the field of experience now open to the medical men would be in no way diminished, and their laborious services would receive a reasonable pecuniary acknowledgment. Above all, the medical requirements of the weekly wage-earning class would be better supplied, and would be made a means of elevating them by promoting provident habits rather than of demoralising and pauperising them.

Result of an Inquiry into the Classes attending Provident and Free Dispensaries.

In 1873, Dr. Ford Anderson, Medical Officer of the Haverstock Hill Provident Dispensary, took 100 cases of Provident Dispensary patients, as they happened to come, and found the total wages in the 100 families which they represented £120. 2*s*. 8*d*. per week, giving an average per family of £1. 4*s*. 0¼*d*. Of these 100 heads of families, 50 were small tradesmen, mechanics, or skilled workmen, earning on the average £1. 9*s*. a week; 27 were labourers, earning £1. 1*s*. 10*d*. a week, and the remaining 23 were widows, laundresses, or domestic servants, earning on an average 15*s*. 6*d*. a week.

Again, he took 100 instances of Free Dispensary cases furnished from the books of the Holloway and North Islington Free Dispensary, as they came, and found that the total earnings of the 100 amounted to £111. 12*s.*, giving a weekly average of £1. 2*s.* 8*d.* Of these 100, 49 were small tradesmen or mechanics, earning £1. 6*s.* 3*d.* a week; 23 were labourers, earning £1. 0*s.* 6*d.*; and 28 were labourers, earning 17*s.* 4*d.* a week.

From a comparison of these two sets of cases it would appear: (1) That there is very little difference as to income between the patients at Provident Dispensaries and the patients at Free Dispensaries; and (2) That it is possible for persons earning so moderate a wage as 15*s.* a week to belong to Provident Dispensaries. The penny a week paid by adults, and the halfpenny a week (or less) for children, are cheerfully contributed to render the family independent of gratuitous medical attendance, and are much less than the value of the time spent in seeking Governors' letters, and in waiting till their cases are called at the Free Dispensaries.

Extract from the Eleventh Annual Report of the Royal Albert Hospital, Devonport, 1873–4.

'The Provident Dispensary is still worked in a very satisfactory manner. The annual subscriptions are increasing, and the fines for the non-payment of subscriptions are diminishing. The Keyham employés are supporters of the Provident Dispensary, in addition to their other contributions to the Hospital.'

The Special account of the Provident Dispensary shows that in the year ending September 30, 1874, £509. 19*s.* 10*d.* was received from members, whilst £86. 13*s.* 10*d.* was received from other sources; £256. 14*s.* was paid during the same year to medical officers.

Classification of 641 Applicants for Out-patient Relief at the Royal Free Hospital.

1. Persons able to pay a doctor.
2. Persons able to subscribe to a Provident Dispensary. [Of these 67 earned from 30*s.* to 40*s.*, and 17 (mostly single persons) under 20*s.*]
3. Proper applicants. See Report, p. 36.
4. Parish cases.
5. Persons who could not be found at the addresses they gave.
6. Persons about whom, owing to refusal or otherwise, no sufficient information was obtained.

Professions	1	2	3	4	5	6	Total
Artificial flower maker		1	2	1	1		5
Acrobat		1					1
Agent						1	1
Bookbinder		4	1		1	1	7
Bookmaker		1					1
Brickmaker			1				1
Bricklayer		2	1		3	1	7
Bricklayers' labourer		4	2				6
Butcher	1	1	1		1		4
Brewer			1				1
Baker		3	4				7
Bedstead maker			1				1
Blacksmith		5	1		1		7
Bottle washer			1		1		2
Blacking maker			1				1
Basket maker		1	1		1		3
Barometer maker			1				1
Bill poster		1	1				2
Bonnet blocker			1				1
Boot and shoe mender		1					1
Boot and shoe maker		5	8		3		16
Boot and shoe finisher			1				1
Boatman			1				1
Barman					1		1
Brush finisher					1		1
Book folder						1	1
Builder		1					1
Bath attendant			1				1
Bible finisher		1					1
Boot and shoe riveter		1					1
Carried forward ...	1	33	32	1	14	4	85

Professions	1	2	3	4	5	6	Total
Brought forward ...	1	33	32	1	14	4	85
Brass polisher		1					1
Brass founders' labourer... ...		2					2
Belt manufacturer			1				1
Chemicals maker			1				1
Confectioner			1				1
Carman		3	4	1		1	9
Coppersmith			1				1
Cigar maker			2				2
Coal porter			1				1
Cab driver	1	6	1		5	2	15
Cab washer		1					1
Card manufacturer			1				1
Charwoman		1	4	11		1	17
Cabinet maker	1	8	4			1	14
Carpenter	1	16	4		1		22
Cap maker			1				1
Cook		1		1			2
Cooper				1			1
Case maker				1		1	2
Costermonger				1	1	1	3
Clockmaker					1		1
Compositor		1			1		2
Concertina maker					1		1
Commercial traveller						1	1
Carver						1	1
Clerk		3				3	6
Clock-case maker...						1	1
Candle maker						1	1
Comedian		1					1
Carpet planner		1					1
Coal wharfinger		1					1
Coachmaker		2					2
Coachman...		1					1
Chairmaker		1					1
Courier		1					1
Dressmaker		1	1	1	4	2	9
Dyer's ironer			1				1
Draper's assistant...					1		1
Drover					1		1
Decorator		1					1
Errand-boy			1			1	2
Engineer		1	1			1	3
Engine cleaner					1		1
Carried forward ...	4	87	62	18	31	22	224

Professions	1	2	3	4	5	6	Total
Brought forward ...	4	87	62	18	31	22	224
Eating-house keeper						1	1
Engraver		1					1
Fireman		1	1				2
Feather dresser			1				1
Feather stitcher			1				1
French polisher		4	2		2		8
Farrier		1					1
Feather maker		1				1	2
Glass cutter		1	1				2
Gasfitter			1				1
Gold beater				1			1
Gardener	1	2					3
Grocer	1				1		2
Glass grinder					1		1
Gilder					1		1
Glazier		1					1
Girder maker		1					1
Greengrocer		1					1
General dealer		1					1
Greengrocer's porter		1					1
Hammerman		1			1		2
Horsekeeper		1	1	1		1	4
Hawker		1	1	1			3
Harness maker			1				1
Hairdresser		1			1		2
Housekeeper		3					3
Ironfitter			1				1
Ironer			1				1
Iron moulder				1			1
Instrument maker						1	1
Joiner	1	1					2
Jeweller	1	2			1		4
Jobbing man					1		1
Japanner					1	1	2
Labourer		11	10	5	8	6	40
Labourer at fluting mills ...					1		1
Labourer at gas works		1	2				3
Labourer at gas factory		1			1		2
Labourer at iron foundry ...						1	1
Labourer at timber yard ...		1					1
Carried forward ...	8	127	86	27	51	34	333

Professions	1	2	3	4	5	6	Total
Brought forward ...	8	127	86	27	51	34	333
Labourer at saw mills					1		1
Laundress			1	3	2		6
Law writer		1			1		2
Lead worker		1					1
Milliner			1		1		2
Mantle maker		1					1
Machinist			4		2		6
Milkman		1					1
Music teacher			1				1
Mason		2					2
Musician				1			1
Marble polisher		1			1		2
Mangler				1			1
Nurse			2	1			3
Needlewoman			5	5	1	2	13
Night messenger		1					1
Newspaper vendor		1					1
Optician		1					1
Painter		8	4	1		1	14
Painter's labourer...		2	1				3
Potman		1	2				3
Pensioner			1				1
Printer	1	4	6	1	4	3	19
Potato porter			2				2
Plasterer		2	2				4
Pianoforte maker		1	2				3
Pianoforte teacher			1				1
Percussion cap maker			1				1
Professional Grecian					1		1
Professor in Italian		1					1
Policeman	1						1
Photographer						1	1
Platelayer						1	1
Pianoforte key maker		1					1
Paperer		1					1
Plumber		1					1
Perfumer		1					1
Packer				2			2
Roasting-jack maker		1					1
Rent collector					1		1
Railway servant		1					1
Carried forward ...	10	162	122	42	66	42	444

Professions	1	2	3	4	5	6	Total
Brought forward ...	10	162	122	42	66	42	444
Railway labourer		1	3				4
Railway porter		16	2		6	4	28
Railway signalman		1					1
Railway stoker		3					3
Railway fireman		1			1		2
Railway carman		2					2
Railway shunter		1					1
Railway carriage-washer ...		2					2
Railway constable		1					1
Servant		7	11	1	9	8	36
Stonemason			1				1
Stone sawyer			1				1
Skin dresser					1		1
Silversmith			1				1
Saddler			1				1
Smith		1					1
Sole piercer						1	1
Stick dresser		1					1
Seamstress			1	2			3
Sawyer		2					2
Soap maker			1				1
Street orderly		1					1
Street salesman			3				3
Shopman		1					1
Salesman					1		1
Soldier's dressmaker		1					1
Sailor		1					1
Slater		1					1
Ship builder		1					1
Sweep					1		1
Telegrapher				1			1
Tin plate worker		1				1	2
Tinman	1	1					2
Tailor		4	4	1	4	1	14
Turner		1					1
Tie maker					1		1
Traveller on commission		1					1
Theatrical carpenter		1					1
Tool maker		1					1
Upholsterer			2				2
Umbrella coverer...			1				1
Valentine maker			1				1
Carried forward ...	11	217	155	47	90	57	577

Professions	1	2	3	4	5	6	Total
Brought forward ...	11	217	155	47	90	57	577
Watch-key maker		1					1
Warehouseman					1		1
Widow		2	5	6			13
Wood carver			1				1
Waterman		1					1
Wheelwright		1	1	1	1		4
Watchmaker		1	2				3
Water-side labourer		1					1
Waiter			2			2	4
Washerwoman			2	2			4
Wire shape maker				1			1
Wheelwright's assistant		1					1
Wire drawer		1					1
Warder in House of Correction ...		1					1
No occupation	1	4	1		11	10	27
Totals ...	12	231	169	57	103	69	641

APPENDIX No. II.

THE LIMITS OF UNPAID SERVICE.*

From the 'British and Foreign Medico-Chirurgical Review.' *January* 1875.

Much has been said of late years about the abuse of medical charity, and, as often happens, there has been a mixture of folly and wisdom in what has been said. Some persons who have spoken or written on the subject have betrayed their ignorance of the internal arrangements of our profession, and have advocated measures which were too sweeping to be practicable. Others, again, have professed to deny the existing evils altogether, and have been disposed to rest contented with the present state of things, and even to allow the abuses to go on growing with the growth of our population. But in the present review we shall aim at avoiding both these extremes. We hope to state the case fairly, without exaggeration, and we shall endeavour to propose only such remedies as are compatible with the present medical arrangements of the country. But we beg our readers to understand that, as becomes a medical review, we approach the subject from a professional stand-point. We shall not ignore general considerations, such as we might dwell upon if we were treating the matter from a national point of view; but we shall pass lightly over them, and shall put most prominently forward, and discuss at most length, those

* 1. Report of the London Hospital.
2. Report of the Royal Free Hospital (London).
3. Report of the Royal Ophthalmic Hospital, Moorfields.
4. Report of the Lock Hospital (London).
5. Report of the Hospital for Sick Children (London).
6. Report of the City Dispensary (London).
7. Report of the Chelsea Dispensary (London).
8. Report of the Royal Albert Hospital, Devonport.
9. Report of the Northampton Provident Dispensary.
10. Report of the Leamington Provident Dispensary.
11. Report of the Labourers' Self-aiding Medical Club of the Grantham Union.

questions which affect us as medical men, and which have the most direct bearing upon the standing and reputation of the medical profession.

We have put these numerous reports at the head of this article to show (1) the evils of which we have to complain, as they are exhibited on a large scale, and (2) the various forms of the remedy that we venture to urge.

The reports of the several medical charities—free hospitals and dispensaries—show how enormous is the number of persons who annually seek advice and medicine from these institutions. Several writers have computed what is the total number of individuals who annually apply to the medical charities of the Metropolis, and they tell us that it is over a million. We have ourselves gone carefully through the figures for the year 1873, and we make the total 1,288,085. This is altogether exclusive of the Poor Law and of a great number of private and semi-private institutions which publish no reports. Beyond the medical charity which can be estimated in figures there is a large amount which cannot be tabulated. We may therefore rest assured that the total at which we arrive by adding together the figures given in the various published reports is not an exaggerated one; but that, on the contrary, it represents only a proportion—a very large proportion, no doubt, but still only a proportion—of the whole charity of the Metropolis. And what is true of London is true also, though in a less degree, of the provincial towns and of the country at large. We may therefore safely conclude that a very large percentage of the community rely upon medical charity in time of sickness. In the Metropolis this proportion amounts to something like a quarter.

This, then, is the first fact to which we call attention—the enormous number of persons who expect to receive their medical attendance and medicine at the expense of their neighbours, as a matter of charity. It needs no argument of ours to prove that this is a very undue number. In exceptional circumstances—for example, when famine devastates a country—a great part of the population may have to rely upon charity in one shape or another for the necessaries of life. But if such a state of things became chronic, we should think that it augured very ill for the prosperity of the people. Soup kitchens are excellent institutions on an emergency, but it would not be beneficial to have them always in operation for the supply of all comers.

And the principle is the same with regard to medical charity. Sickness is not one of the necessities of life, and yet it may truly be said to be one of its necessary accidents. It is a contingent event, but a contingent event which, speaking generally, is certain to come sooner or later. Is it wise, then, to rest contented with a state of things which permits so large a proportion of the population to rely upon the charitable help they can obtain from others in a matter which is, sooner or later, a practical certainty, almost as much a certainty as that another meal will be needed or another suit of clothes? It seems to us that no thoughtful person can acquiesce in a state of things which, under the name of charity, is in truth pauperising a large section of the community, and inducing them to depend, not upon their own prudence and forethought, but upon the aid they can derive from others.

The establishment of facts such as those referred to shows both the extent—the unreasonable extent—of this medical charity, and also the deteriorating effect that it has on the population. Those facts indicate the evils of which we have lately heard so much, and which afford a just ground for urging that the medical arrangements for the lower middle class should be in a great measure altered.

Now, how do these facts affect the medical profession? They affect us at many points. It is impossible that a large section of the community should get into the habit of expecting to receive gratuitous advice without our profession being touched by it in many ways. We shall mention what appear to us to be some of the most important.

Perhaps we ought at the outset to allude to that which affects, not ourselves only, but the whole community, and to state, first of all, that gratuitous work is often very indifferently done. No one will deny this who is familiar with the way in which patients are seen at crowded hospitals and dispensaries. If no more time is expended upon private patients than is proper and becoming, then what shall we say of the manner in which hospital patients are seen? The busiest men cannot see their private patients at home at the rate of ten an hour. But hospital patients are frequently seen at the rate of fifty an hour. It is true that private practice demands some little amenities which are not required in public practice. But still, after making all due allowance of this kind, we hold that one great evil of the present system is that patients do not receive the

time and attention which their cases demand. In other words, they do not receive what the hospital professes to give them. The patients do not get the careful advice which they fancy they will gain by resorting to a large institution, and this last does not carry out the object for which its founders or governors have given their money. Such slipshod work as much of that which is performed in the out-patient department of hospitals is a fraud both on poor and rich.

But how comes it that this work is so indifferently performed? In some cases there can be no doubt that it is on account of the vast number of the applicants. The physicians and surgeons are overwhelmed. A long day would not suffice to see the patients properly at the rate of twenty an hour, and so means are devised of seeing them at the rate of fifty an hour. Who can blame the medical man? He gives up two or three whole afternoons every week to this unpaid service. It would be unreasonable to expect him to give more. He must have time to earn his bread, and it is not wonderful that he should so hasten through his hospital work as to secure time for more remunerative labour.

This leads us to another point—a point which is of more general application, and which touches all who are engaged in practice, whether their *clientèle* be so large as to be overwhelming or not. It is this: unpaid labour, or labour which is all but unpaid, is sure in the long run to be badly done. In the ordinary affairs of life we all recognise and act upon this principle. It has become almost a proverb that unpaid service is worth just what it costs. Nothing can be got for nothing. But in our medical arrangements we proceed upon an opposite principle. We expect the doctors to be always ready to give their best advice, we expect that all who come and ask for it shall receive a valuable commodity, and all this is demanded from medical men, not occasionally, but constantly. Regularly, day by day, twice a week, or three times a week, as the case may be, from year's end to year's end, the physician or surgeon is expected to be at his post, bestowing his services upon all comers. Is it wonderful if this regular and constant gratuitous service, extending, it may be, over a quarter of a century—is it wonderful if it sometimes degenerates into a mere routine? Is it wonderful if it is occasionally badly done? Is it wonderful if it falls under the general law that unpaid service is worth just what it costs?

We have here assumed that the medical man gets nothing for his services at the hospitals and dispensaries which are supported by voluntary contributions. It may be replied that, though he receives no salary, he has the advantage of being connected with a public institution, and of the field of experience which this affords. Very true; we are not forgetful of these facts. But a man cannot live either upon his connection with a public institution, or upon the experience it affords him. They do not put money into his pocket. They do not put bread into his mouth, and we may well doubt whether they will always secure the best of his energies. A certain amount of work, no doubt, he would willingly do out of pure benevolence—out of the same benevolent feelings which lead the public to give their money to support the hospitals—and for a certain amount of work he would, no doubt, consider the experience gained at the institution a fair equivalent. But it will probably be years before his connection with a hospital leads to any pecuniary return, if, indeed, it ever does so. Several sad cases which have occurred lately, and which must be fresh in the memory of our readers, show that men may be possessed of great ability, and may serve first-rate hospitals for a score of years, and yet not attain to a remunerative private practice. The lottery ticket proves a blank, and the medical man is ruined. The supposed advantages are poor remuneration for the regular, continuous, and responsible work that is required from dispensary and hospital doctors. It is contrary to the first principles of political economy to suppose that such arduous services are adequately recognised, as matters now stand; and if they are not adequately recognised, we may be sure that in the long run they will not be well performed.

Though we speak thus, and though we feel strongly that the work of seeing out-patients is not universally done as it should be and as it might be, yet we have repeatedly heard it said that the way in which it is now done, notwithstanding all the drawbacks, is highly creditable to the profession. In this opinion we quite agree. Nothing is further from our wish than to censure our brethren. We are only saying that they are human. We are only saying that they fall under the laws which rule all mankind in respect to the work by which they gain their livelihood. We sincerely hope that our efforts, coinciding as they do with a movement which is now going on all over the country, may tend to bring about

changes in the mode of administering medical relief to the lower middle classes which would be advantageous alike to them, to the medical profession, and to the nation at large.

Intimately connected with the preceding objections to our present system of out-patient medical relief is another. Not only is the number of applicants out of all reasonable proportion to the population, and not only is an excessive burden of unpaid labour thrown upon the medical officers, but the patients themselves are in many instances such as ought not to be encouraged to resort to a charitable institution. We do not speak now of those cases in which gentlemen and ladies betake themselves to hospitals. We do not speak now of the gentlemen who leave their broughams at the corner of the street, or of the ladies who come habited in silk dresses and sealskin cloaks. Such cases do, no doubt, occur. Most of us have occasionally come across something of the kind. But these are quite exceptional, and it would certainly not be worth while to propose any great change in the arrangement of our out-patient departments in order to get rid of such gross cases of abuse. These are properly cases of *abuse*, and of an abuse so flagrant that it can hardly become very widespread. What we allude to is the habitual *misuse* of the hospitals by a large number of the lower middle class, who certainly do not belong to that section of the community for whose benefit the hospitals were orginally founded or are now carried on. This evil has, no doubt, grown up gradually, chiefly in consequence of the very faulty medical arrangements of the old Poor Law, and partly also in consequence of the pernicious habit—one that even the first-rate hospitals and dispensaries have adopted, of advertising the number of their applicants as a means of exciting the sympathies of the public. But, however it may have arisen, the fact is indisputable that the hospitals are now used to a large extent by those for whom they were never intended. In other words, they are greatly misused.

In confirmation of this statement we may mention two or three particulars. Thus, Mr. W. H. Smith, M.P. for Westminster, has stated publicly that at one time he caused inquiries to be made into the condition of the out-patients at one of the large metropolitan hospitals, and he found that twenty per cent. gave false addresses ;—a fact which looks very much as if they had something to conceal which would have told against them as applicants for the charity. Again, inquiries were made last year into the circumstances of 366 of the out-

patients at the Queen's Hospital, Birmingham, and of this number 106 were considered unsuitable upon one ground or another. Again, a similar investigation was instituted at St. Mary's Hospital, Paddington, into the circumstances of 26 out-patients. The result showed that of these—

5 were cases of persons not suitable for hospital treatment; i.e. they were persons not at all in distress, and who could afford to pay a medical man;
12 were cases who could well afford to pay for the benefits of the provident dispensaries;
2 gave false addresses; and
7 were considered proper objects for the charity.

But no one who is familiar with dispensary and hospital practice will need to be convinced that many apply who are not 'really poor,' but who, on the contrary, are well enough off for their position in life. If even at a general hospital we stop to inquire into the wages and circumstances of our out-patients we shall soon have reason to doubt whether it is fair upon the general practitioners of the neighbourhood to allow them to be relieved. For example, is a nobleman's head gardener, suffering from stricture of the urethra, a suitable applicant? Is a hosier's assistant with a salary of £100 a year, though a married man with two children, to be allowed to attend for the cure of a few boils? Is a plumber's foreman, a single man, in regular work and earning thirty-five shillings a week, with a simple reducible hernia, a suitable applicant? Is a smith, suffering from a secondary syphilitic eruption, a young, unmarried man, also earning thirty-five shillings a week, a fit person to be admitted? We put forward these cases because they have come before us recently, and have led us to inquire, Is it fair upon the medical profession that such should be treated on the eleemosynary principle? Is it just that general practitioners, who have expended a large sum upon their medical education, and who are perfectly qualified to treat these cases, and whose charges the patients could well afford to pay—is it just that the general practitioners should be deprived of them? We say nothing here of the pauperising influence of the hospitals upon high-class working people, such as these. That is not our present subject. What we are here concerned with is the folly and injustice of the present system as it affects the profession. But if such examples as those given above are common at a general hospital, what shall we say of the special hospitals? Probably at some of those which are at the present time the most popular and have the highest reputation the instances

of misuse would amount to at least fifty per cent. of the applicants. We say this advisedly, after having had good opportunities for forming an opinion. Now, if this is the truth, or anything like the truth, how great an injustice is thereby inflicted upon the profession! But we have spoken only of strong cases—cases of single men earning regularly thirty-five shillings or more a week. But there are many besides these who frequent the out-patient rooms, many who are not earning quite so much, or who, if earning the same, have more claims upon them, who might fairly be expected under a better system to do something to help themselves. It has been shown by statistics that under such arrangements as we shall presently suggest those who are earning twenty-five shillings, twenty shillings, or even less, a week, find it for their advantage to contribute to their own medical relief. With such facts as these before us, and having regard to the excellent provision which is now made for the medical necessities of the pauper class, it is difficult to resist the conclusion that the system which prevails in our hospital out-patient department ought to be in a great degree altered, and that a large part of the work which is now done for nothing ought to be placed on a remunerative footing.

This leads us to one more evil, and the last we shall mention, which the present system inflicts upon our profession. It is this. The excessive amount of unpaid labour has a tendency to depreciate the whole scale of our professional remuneration, and thereby to lower our social position. This, we think, must be clear to anyone who reflects for a moment upon the subject. If we are so ready to give away the commodity in which we deal, and by the sale of which we earn our livelihood, namely, medical advice, the public naturally conclude it cannot be worth much after all. People are not usually so willing to give away that which they consider of value; and it is not unreasonable that when the public see medical men vieing with one another in setting up free hospitals and dispensaries, and offering their gratuitous services to all comers—it is not unreasonable that they should conclude that a medical man's advice is of very little account. But there is another way in which this excessive amount of 'charitable' attendance cheapens our services and lowers the scale of our remuneration, and it is this—when no limit is put upon the grade of applicants at our hospitals and dispensaries, many of the lower-middle class find their way to them. But the lower-middle class are connected by many ties with

the classes above them, e.g. as servants and masters, work-people and employers. And the master or the employer not unnaturally grudges paying a large fee for that which his butler or his foreman gets for nothing. He knows that his *employés* are well off for their station in life, and could afford to pay something in proportion to their income; and he asks, If the doctors are ready to treat them for nothing, why not the classes above them? It may seem to us absurd to argue in this way, but still there can be no doubt that it is frequently done, and that it is this which leads to our being so often asked to see patients without a fee, or to see them twice or thrice for a single fee. Thus, our willingness to exercise charity where charity is really needful has led, by want of strict limitation and control, to the whole scale of our professional remuneration being lowered and broken down. If we were somewhat more chary of giving our services indiscriminately, if we insisted upon the hospitals and dispensaries taking such precautions as would insure our being required to give our gratuitous services only to the really poor, it would have a very wholesome effect upon the entire scale of professional remuneration; and not only upon our remuneration, but also upon our social status. For it cannot be doubted that if our work were better paid, and if there were less haggling about fees, our profession would be more esteemed by the public than it now is; and society would gradually come to set a higher value upon our services, and to believe that the article we have to sell is really worth the buying.

These, then, are some of the chief grounds why we say that great changes are needed in the mode of administering out-patient relief. The relief is inefficient, partly because the medical men are overwhelmed by numbers, and partly because the amount of unpaid labour is excessive; and this inordinate amount of unpaid work tends to cheapen the whole of our professional services, and to lower both our scale of remuneration and our social position.

The remedy which we would propose for this unsatisfactory state of things is a large extension of the provident system of medical relief. This system, as our readers are aware, has been in operation for nearly half a century; but during the last few years public attention has been specially called to it, and it has undergone a great development. This is the best proof we could offer of the soundness of the principle. It has stood the test of time, and increased considera-

tion of the subject has only brought it the more into favour. We say the *principle* has stood the test of time, for there is, no doubt, room for considerable difference of opinion upon some points of detail, and it may hereafter be found necessary to vary the particular features of a provident institution according to the character of the population in different localities, the rate of wages, and so forth. But of this we feel sure that some means must be found of making the pence of the well-to-do poor contribute to the supply of their own medical relief, and that this can in no way be done so efficiently as upon the provident principle. The industrial classes of this country are rapidly rising both in social position and in political importance, so that they are better able to afford to pay than heretofore, and the very causes which have led to an amelioration in their condition have led also to an increase in the price of all the necessaries of life, so that the doctor is less able than before to offer gratuitous service. These two facts alone seem to us to show that there must be a change, and that some means must be found of making the working classes provide for themselves against the time of sickness. Lord Shaftesbury, in opening the Shaftesbury Park, stated—and the statement has been confirmed by others—that the aggregate receipts of the wage-earning classes in this country are not less than £400,000,000 per annum; and that of this sum at least one quarter is expended upon deleterious commodities, or upon things that could easily be dispensed with. If this is the case, we may reasonably demand that they should do more for themselves than they now do; and in particular, we may fairly expect that they should cease to depend entirely upon charity for their medical relief, and that they should in a great degree provide for themselves, at least in all ordinary ailments. And there is no way in which they can do this so easily and so satisfactorily as by associating themselves together in provident medical societies.

We need scarcely explain to our readers how provident dispensaries or provident sick societies are carried on. They are now so numerous that most medical men have had their attention called to them. Suffice it to say that each member makes a small but continuous payment from week to week, or from month to month, and that this entitles him to medical attendance and medicine when he is ill. The payment is usually about a penny or a penny halfpenny a week for each adult, and a halfpenny a week for each child; but it is seldom

that more than four children in a family are charged for. These payments are so small that they are obviously within the reach of the great mass of the working classes, and where they can be induced to join in sufficient numbers the dispensaries are reasonably remunerative to the medical men who are connected with them.

Thus, at Northampton there were, in 1873, 12,820 members, and £1,619 were divided among the three medical officers.

At Altrincham there were 2,920 members, and £533 were divided among four medical officers.

At Camberwell (London) there were 5,696 members, and £555 were divided among six medical officers.

At Haverstock Hill (London) there were 2,326 members, and £320 were divided among three medical officers.

At Leamington there were 3,436 enrolled members, and £336 were divided among the three medical officers.

In the Labourers' Self-aiding Medical Club, which comprises the parishes of the Grantham Union, there were 4,577 enrolled members, and £689 were divided among nine medical officers.

At the Royal Albert Hospital, Devonport, an experiment is being tried which is well worthy of attention, and which may exercise a most important influence upon the hospital system of the country at large. There the out-patient department is itself on the provident footing, and the way in which it is spoken of in the last report is very encouraging. 'The progress of the Provident Dispensary has been rapid —almost beyond expectation. In the first complete year of its working, ended on the 30th September 1869, the receipts from all sources were in round figures £351; they are now increased to £538. The committee are more than ever confirmed in their view of the advantages arising from the institution; there can be no doubt whatever that its principal merit is to establish and increase habits of providence and forethought among the working classes, but great relief is also afforded to the suffering poor. Several cases have been admitted as in-patients of the hospital on the recommendation of the junior surgeons—not as a matter of charity, but as a part of the relief purchased by their original subscriptions. In this way the members have the benefit of the superior appliances of the hospital, and the latter is a gainer as a medical school by being supplied with a succession of important and selected cases.'

In all these provident institutions there is a charitable element. Donations in one form or another are given by the richer neighbours. But in time we may hope that they will become altogether self-supporting. It only needs that such institutions should be naturalised among our working people, so that they should enrol themselves in greater numbers, and then the provident sick societies would be able to stand firmly upon their own feet.

Perhaps in some parts of the country an extension of the club system may be found to supply their place. But, as a rule, we believe that provident institutions will be more advantageous than the benefit clubs, both to the poor themselves and to our profession; and this for several reasons. The clubs, for the most part, receive only men. They make no provision for the women and children. But these it is who are most frequently in the doctor's hands, And, again, the club doctor often finds himself at the mercy of the managing committee. He is forced to be content with the capitation fee they offer him, or they will introduce someone from a distance. And when the contract is once made, he has very little voice as to who are admitted members of the club, so that he may be obliged to visit for the small capitation fee persons who could well afford to pay his ordinary charges. But the provident dispensary, on the other hand, is arranged on such a scale of payments as will give the medical officers a reasonable return for their labours, and its benefits are limited to the grade for whom it is intended. Still, as we have said, a modification of the club system may be found best suited to some localities. Both benefit clubs and provident dispensaries stand on the principle of mutual assurance, and our preference for the one over the other is chiefly in matters of detail.

Any institution of this kind in which the interests of the medical man can be reasonably guaranteed, in which he has a fair voice in the management, and in which he receives an adequate remuneration, seems to us to offer great advantages as a means of carrying on practice among the humbler classes of society. For example, the payments are all made in advance. There are no bad debts. And the payments are made, not to the doctor directly, but to the secretary. The medical man has no small bills to send out and to collect. Again, the patients—at least, such of them as are well enough—are seen at the institution, and there also all the medicine is dispensed. These are no small advantages,

as anyone who is conversant with the harassing details of general practice among the lower middle class will readily allow. And the more medical men can be freed from such petty pecuniary matters the better standing will the profession generally enjoy in the eyes of the public. It is vain to raise the standard of medical education unless we raise also the income of the general practitioner, and the mode in which it is received. It is vain to adopt measures which necessarily increase the expense of training unless we offer men a better return for their outlay. It is vain to make men more cultivated, more refined, unless we rid them also of some of those accompaniments of poor practice which are intolerably irksome to gentlemen. The complaint is becoming general that the supply of well-qualified medical men is no longer adequate to the wants of the people in poor and densely populated districts. One reason, we have no doubt, of this deficiency is, that the men who now enter our profession are of a higher stamp than formerly, and practice as it is now carried on in such localities is distasteful to them. It would be a great gain if the whole medical treatment of the lower middle class could be conducted by means of provident sick societies. An attempt is now being made at Manchester to effect something of this kind. The whole city has been mapped out into provident dispensary districts, and the co-operation of many of the charities and a large proportion of the medical men has been secured. We believe that such a plan as this will do much to supply the alleged want, and to prevent the poor from falling into the hands of unqualified practitioners. It is only, as it appears to us, by the adoption of some such system that the poor can be saved from the pauperising influences of the medical charities, and that their small payments can be made subservient to the support of the medical profession, while at the same time the colleges and the universities pursue the admirable course upon which they have entered of raising and upholding the standard of scientific medical training. If such plans are put out of court, it will soon come to this—that the whole lower-middle class will either be driven to the hospitals and free dispensaries, or thrown into the hands of druggists, or, still worse, into the hands of quacks.

But, though we thus advocate provident dispensaries and sick societies, it must not be supposed that they can be successfully carried on without close supervision. The fact is that they are, in their turn, just as liable to be abused as the free

hospitals, and require to be just as jealously guarded. Both the one and the other offer specially advantageous arrangements to limited classes of the community. But others of a higher and richer class are sure to try and avail themselves of them unless a very strict watch is kept. Hence it comes to this, that what is needed at free hospitals and dispensaries alike, in order to protect the general practitioner, is a systematic inquiry into the circumstances of each applicant in all cases except those of emergency and accident, in order that it may be ascertained whether he or she is a proper person to be admitted to the benefits of the charity. And similarly, when a person seeks admission to a provident dispensary or sick society, inquiry should be made by the committee to assure themselves that he belongs to the stratum of society for which the institution is intended. If at any time the committee have reason to know that a member has risen in the world, that his circumstances have become such as to elevate him above the class for whose benefit the provident dispensary is carried on, they are justified, after due notice, in striking him off the roll. To allow his name to remain on it when he is capable of paying the ordinary charges of a general practitioner would have a deteriorating effect upon himself, and would be an injustice to the medical profession at large. Without a strict supervision, such as this, it is impossible to carry on properly either a free or a provident charity. It may seem to some that such close supervision is inconsistent with the idea of charity, and that it quite takes the gloss off benevolence. But a little reflection will soon satisfy us that in such a densely populated country as ours, and in a highly complex state of society, we are in danger of doing more harm than good unless we give our alms, be they of what sort they may, with discrimination. And medical relief is no exception to this general rule.

To sum up. We ought upon every ground—in justice to ourselves, in justice to our patients, in justice to the community at large—we ought to insist upon strict limits being placed to the unpaid service which we are required to perform. We ought to insist upon the hospitals and dispensaries making some inquiry as to the social position and circumstances of those who apply for out-patient relief. We ought to insist upon it that all those who can, without hardship, pay three halfpence a week should be referred to provident sick societies, and that those who can afford to pay the charges of a general practitioner should be directed to apply to one. This ought to

be our programme, and there can be no doubt that if we were united in making these demands they would speedily be acceded to. By these means the total of out-patients would be reduced to a more manageable number, while a large proportion of those who were drafted off would be enrolled in a self-aiding system, which would pay adequate salaries to its medical officers. Nor let it be thought that these changes would impair the efficiency of the hospitals as places of medical education. Whether the proposals we have made were carried out by placing the out-patient department upon the provident footing, or by encouraging the establishment of provident sick societies in relation with the hospitals, by either plan the supply of acute cases for the wards would probably be more regular than it now is. This, as we have seen, has been proved by the experience of the Royal Albert Hospital at Devonport.

It is to our profession that the country looks for its medical arrangements, more especially to our profession as represented by the General Medical Council, by the Colleges of Physicians and Surgeons, and by other corporate bodies. Our hospitals and dispensaries are to a great degree—perhaps to too great a degree—managed by the laity. It is not to those benevolent gentlemen who sit on the weekly boards, nor to those charitable ladies who give their money for the support of the hospitals, that the country at large looks for the supply of its medical wants. It is to the medical profession itself. It is we who ought to decide what alterations are needed, and how they should be carried out. If we neglect to do this, we are falling short of the height of our dignity, and failing in the great public duty committed to our trust.

Now, we maintain that our public duty is, to see that the lower middle class is not pauperised in the matter of medical advice, and to insist upon it that the hospitals and dispensaries shall put strict limits to the gratuitous relief that they offer to out-patients, so that they shall no longer impose an unreasonable amount of unpaid labour upon their staff, or give the general practitioners of their neighbourhood any just cause of complaint. And further, we ought to see that the country is well supplied with provident sick societies, so that those upon whom the hospitals shut their doors may have no lack of opportunities for obtaining good medical attendance on terms which they can well afford out of their weekly wages. If these things were done, it would be much for the benefit of the nation, for it would tend in one important particular greatly

to strengthen the moral fibre of the nine or ten millions who form the wage-earning class of this country, namely, by encouraging in them habits of self-reliance, forethought, and prudence. It would also tend to improve both the pecuniary remuneration and the social status of our profession, by transforming a great part of the work which is now done gratuitously into remunerative service. The work itself would be better done than at present, and when the pay of the profession was better, and was received in a more dignified manner, a higher class of men would be attracted towards it, scientific and professional education might be carried to a still higher point, and thus the changes we have advocated would be advantageous in all their bearings.

APPENDIX No. III.

First Report of the Medical Committee of the Charity Organisation Society adopted by the Council October 30, 1871, with Rules for the Establishment and Management of Provident Dispensaries.

The Medical Committee of the Charity Organisation Society was appointed by a Resolution of the Council, dated March 17, 1871, to deliberate and advise with reference to Medical Charities, and consisted at first of the following gentlemen:—Dr. Hawksley, Dr. A. P. Stewart, Mr. Fairlie Clarke, Mr. J. B. Curgenven, and Mr. Alsager H. Hill.

Power was afterwards given to it to add to its numbers, and the following four gentlemen have been added:—Dr. Ford Anderson, Dr. Heywood Smith, Mr. W. Spencer Watson, and Sir Charles Trevelyan, K.C.B.

The Committee has met fifteen times, and it has given particular attention to Medical Provident Institutions. In order to obtain the best information on this subject, it invited several gentlemen, who are connected with existing Provident Dispensaries, to meet it in conference; and the Rev. H. F. Mallet, Dr. Westmacott, Mr. E. P. Young, Mr. Walter Smith, Mr. F. H. Gervis, and Mr. Conquest have most kindly attended some of its sittings, and given it the benefit of their experience and advice. The Committee has also received valuable suggestions from Dr. Rumsey (Cheltenham), Dr. Nankivell (Torquay), Dr. Ogle (Derby), Dr. Heslop (Birmingham), Dr. McVeagh (Coventry), Mr. Beck (Northampton), Mr. Jonathan Hutchinson, and the Rev. J. F. Kitto.

Before using any means to increase the number of Provident Institutions, the Committee thought it best to go through the rules of the existing Provident Dispensaries, and to draw up a code of laws which they could put into the hands of those who were anxious to start such institutions, and which they could

recommend as the best that can be devised by the united experience of the Provident Dispensaries which are already in operation. In this work they have received most valuable assistance from the gentlemen who have just been named, and to them they return their sincere thanks.

As the result of its labours the Committee now lays before the Council the accompanying code of laws with appendices.

The rules which the Committee recommend have been framed so as to admit into the Managing Committee of the Dispensaries a certain proportion of the benefited members, who should act as representatives of the whole body. In this way they would have an opportunity of expressing the wishes of the members and making suggestions. This is a comparatively new feature in the government of Provident Dispensaries, but it has been already adopted at Hampstead, Wandsworth, and elsewhere, with considerable success. The Committee hope that the time may come when Provident Dispensaries will be entirely self-supporting, and when the management may rest altogether with the members. But at present it does not seem right to take the control of them out of the hands of those who have set them on foot from motives of wise benevolence, and without whose aid they could not maintain themselves in a state of efficiency.

The Medical Committee trust that this code of laws will meet with the approbation of the Council, and that they will give it the weight of their sanction. The more the Committee have considered the pauperising influences of the existing medical charities, the more fully are they persuaded that the most hopeful remedy is a large extension of the provident principle.

By a reference to Low's Handbook it will be seen that the sixteen General Hospitals of the metropolis are credited with a total of 541,775 out-patients during the year 1870, to say nothing of the attendances at special Hospitals and Dispensaries. Of this number there can be no doubt that many are well able to defray the charges of a local practitioner, while a still larger number are in a position to pay the 6*s*. or 8*s*. a year which is all that the Provident Dispensary demands. In return for this trifling outlay, the member is entitled to receive advice and medicine when he is ill; and he can obtain the same advantages for his wife and children upon still easier terms. Probably, of the hundreds of thousands who frequent the out-patient waiting-rooms of our Hospitals, only a very small proportion are unable to pay anything for themselves, and it may be a

question whether these ought not to be directed to the Poor Law Dispensaries. It is the out-patient departments of Hospitals that are most abused, and it is in these departments that your Committee desire to see the indiscriminate relief at present given largely curtailed. They believe that this could be done without seriously affecting the supply of cases which are needful for clinical instruction at those Hospitals which have medical schools attached to them, and without limiting the true province of Christian charity.

Under present circumstances, when there are in the metropolis about eighty* free Hospitals and Dispensaries to which the artisan or labourer can turn at any moment, and which may almost be said to be bidding against one another for his patronage, it is obvious that the inducements to providence and self-reliance are entirely taken away.

This state of things your Committee regard as a very great evil; and they believe that there is no one class of charities which is doing so much to pauperise the population, to undermine their independence and self-respect, and to discourage habits of providence, as the medical charities. The Committee are well aware of the great benefit that these institutions, if properly used, are capable of conferring upon the humbler ranks of our population. These benefits it would be difficult to exaggerate. But the Committee deplore the almost indiscriminate relief which is given—an evil which is fostered by the present method of appealing for subscriptions by advertising the numbers who are admitted week by week, or year by year. It cannot be too strongly urged upon the attention of the public, that the mere statement of the number of applicants to a Hospital forms no proper index to the amount of good which it does; nay, rather it may tell in the opposite direction, for the highest good is to discriminate the cases, to weed out those that are unsuitable, and to give relief only to that comparatively small number who are really fit applicants, and to whom the advice and medicine thus given will be an unmixed boon. It is the ability of its staff, the skill of its nursing, the excellence of its general arrangements, and the wisdom of its benevolence, which ought to recommend a Hospital to the support of the public, and not merely the numbers who have passed through its consulting rooms in a week or a year. The Committee are of opinion that the appli cants to any Hospital might easily be discriminated by means of some such agency as that which

* See note at page 66.

your Society has set on foot; and that Hospitals would not act unwisely if they were to lay down some such rule as this—that, with the exception of accidents and cases of emergency, all applicants should pass through the District Office of your Society. Your officers are acquiring an intimate knowledge of the poor of their districts, and a little practice would soon enable them to judge which were suitable cases for the Hospital, which ought to be sent to the Poor Law Dispensary, which to the Provident Institution, and which were above the level of all these means of assistance. Your Committee believe that this system, or some modification of it, is the only one which will serve to stay the abuses of out-patient Hospital relief. They have heard with pleasure that in some districts isolated cases have been referred for investigation from large Hospitals to your District Committees; but until all applicants have, as a matter of course, to pass before an officer whose duty it is to investigate the cases, and who is specially qualified for this work, they believe that it will be impossible to put a check upon the present evils.

If, however, this were done, they feel sure that it would not merely rid the Hospitals of many abuses, but that it would enhance the value of all the charities in the neighbourhood, by directing to each the particular grade of applicants which it is designed to assist.

But while the Committee are anxious to exclude unsuitable applicants from our Hospitals, they are equally desirous of seeing Provident Institutions opened, where the industrious poor could get good advice and medicine on terms proportioned to their wages. At present there are in the metropolis, as we have said, about eighty Hospitals and Dispensaries which are practically free; but there are only about a dozen Provident Dispensaries.* That is to say, there is one free Hospital or Dispensary for every 44,000 of the population, while there is only one Provident Dispensary for every 300,000; and yet the success which has attended these institutions in Derby, Coventry, Northampton and elsewhere, shows that they can flourish when in the proportion of one to 40,000 inhabitants. In other words, the metropolis might well be expected to support more than seven times as many as it now has.

But, it may be replied, are there not many benefit clubs where the working classes make a weekly payment, and which

* The number of Free Hospitals and Dispensaries in London was then, and is now, quite 105. (*See Dr. Fairlie Clarke's Statement at page 85 of the Appendix.*) The number of Provident Dispensaries has increased since 1871 to twenty-seven.

undertake to support them in time of sickness? True, there are many such benefit clubs, which give members a weekly subsidy during illness, but the medical arrangements of these clubs are of the most unsatisfactory kind. In the first place they admit only *men*. Very few indeed make any provision for attending the wives and children of members during sickness; and yet it is these who most frequently require medical treatment. Again, many artisans and labourers are altogether excluded from the benefit clubs because the trades at which they work are injurious to health or dangerous to life. Again, many clubs have no medical man attached to them, and send their members, as a matter of course, to the nearest Hospital or Dispensary, thus tending to pauperise a high class of workpeople.

It is evident, therefore, that the benefit club serves most imperfectly to meet the wants of the industrious poor in time of sickness. But the Provident Dispensary seems exactly suited to their requirements. It offers good medical attendance and medicine at a price which even the day-labourer can afford to pay; it receives all comers—men, women, young persons, and children—who are not earning more than a fixed sum per week; and it rejects none because their manner of life is beset by more than ordinary risks. While at the same time its moral effect is excellent, for it tends to encourage habits of forethought and self-reliance.

For these reasons the Committee are anxious to see a large increase in the number of Provident Dispensaries, both in the metropolis and throughout the country; and if these Provident Dispensaries could be connected together so that the artisan, the labourer, the domestic servant, and the factory girl might find an institution at hand, of which they would be considered members, wherever personal circumstances or the demand for labour might lead them, the Committee believe it would be an incalculable boon to the working classes. At present, under the club system, it frequently happens that a workman is unwilling to leave a particular district because he would thereby lose the benefits of his club; or, if he does follow the demand for labour, and go to another part of the country, being far from the head-quarters of his club, he is tempted to apply to charitable institutions *in formâ pauperis*.

The success which has attended the Provident Dispensaries in the central parts of London has hitherto not been such as their friends could desire. But this is easily accounted for, if

we remember two things—(1) They have been placed in competition with an excessive number of free medical charities; and (2) Their honorary subscribers do not obtain the right of recommending patients, which, as Governors of purely charitable institutions, they have been accustomed to exercise. Their money must be given simply for the support of the institution, and not to gain advantages for themselves. That Provident Dispensaries herein act upon a principle which is gaining ground is shown by the letter from the Secretary of St. George's Hospital which has lately appeared in the *Times*, in which he announces that the Governors of that institution have given up their right of recommending out-patients, because it was liable to so much abuse.

The Committee believe that the Charity Organisation Society affords an agency remarkably well fitted for thus extending the provident principle. One of the great hindrances which those who desire to reform our medical charities have to contend with is the difficulty of bringing about concerted action among the leading Dispensaries and Hospitals; but your Society offers facilities for this purpose which have never before existed. The Committee would therefore submit the following suggestions as to the line of action which the Society might take:—

1. To draw attention to the abuses of the medical charities, and to indicate, as the appropriate remedy, a large development of the provident principle. Also to advise the public to support the existing Provident Dispensaries in preference to those which stand on a purely eleemosynary footing.

2. Through its District Committees to draw the attention of the managers of Hospitals to the facilities which the Charity Organisation Society offers for investigating doubtful cases; or even to suggest that all applicants for out-patient treatment (except accidents and cases of emergency) might easily be thus sifted, either by your District Office or by an officer of the Hospital specially appointed for the purpose.

3. The Committee further suggest that, wherever it is possible, the local Provident Dispensaries should be affiliated to the Hospital of the district, as has been done at Devonport, so that members might be entitled to the advantages of Hospital treatment if it were deemed necessary. This plan of affiliation might also be extended to the Poor Law Dispensaries; and in this way the Hospitals would be protected against their present abuses, while their importance as centres of medical education would be increased rather than diminished.

4. Through its District Committees to induce the Governors of existing free Dispensaries to consider whether they might not with advantage convert their institutions into Provident Dispensaries—a step which has already been taken at the Westbourne Dispensary, Bayswater, and at one or two others in the provinces. The existence of the free Dispensaries has greatly retarded the development of the provident principle; and they seem to be less needed than ever, now that Poor Law Dispensaries are being opened in various parts of London.

5. In some districts where there is an urgent want of a Provident Dispensary, the Local Committee might, perhaps, take the initiative in the formation of such an institution.

6. As it is the opinion of the Committee that these suggestions can only be carried out by combined action, they advise that a Conference of the Governors and Medical Officers of Hospitals and Dispensaries should be called by the Council at as early a date as possible.

Your Committee have not been unmindful of other evils connected with the administration of medical charity, but in this Report they have thought it best to confine their remarks to one subject, viz. the development of the provident principle; for this, they believe, is that which is most urgently needed, and that which is most likely to strike at the root of those abuses which have now become notorious, and which it is the object of your Society to remove.

PROVIDENT DISPENSARIES.

RULES

Suggested by the Medical Sub-Committee, and approved by the Council of the Charity Organisation Society, for the Establishment and Management of Provident Dispensaries. *

N.B.—The following scheme for Provident Dispensaries is considered the only practicable one at present. The Sub-Committee believe that a general adoption of these Rules will soon supply data for establishing self-supporting Dispensaries on strict principles of Mutual Assurance, managed by the Members themselves. In the meantime, aid in the form of time and money will be required from the wealthier classes to help on that desirable end.

I.

(1) Name of Dispensary.
(2) Boundaries of District.

II.—Object.

The object of the Dispensary is to enable such persons in the district as cannot pay for medical attendance at the usual charges, to secure for themselves and their families the advantage of medical attendance, advice, and medicine during illness.

III.—Members.

The Members shall be persons whose income is proved to the Committee of Management to be insufficient to pay for medical attendance at the usual charges (*see* Appendix A), and are not in receipt of Poor Law relief. Persons who have become temporarily disqualified, owing to the receipt of Poor Law relief, may be reinstated on their ceasing to receive such relief. (*See* Rule III. 2.)

1. *Application for Membership.*—Any applicant for Membership must state his or her name, age, residence, occupation, and average earnings of self and family, and must deposit one

* Persons desiring to establish Provident Dispensaries, or to convert Free Dispensaries into Provident, should see how this standard has been adapted to the circumstances of different localities. The rules which have recently been prepared for the Brompton Dispensary are more than usually clear and simple.—*April* 1877.

month's subscription, which will be returned if the depositor be not accepted as a Member. If approved of by the Committee, the applicant will be admitted a Member at the end of the month; but if the applicant is actually suffering from illness requiring medical treatment, he or she must pay an entrance fee of five shillings and one month's contribution. And in the event of any other member of the family requiring medical advice before the expiration of the probationary month, a further sum shall be paid by each amounting to one-half of the entrance fee.

No application for Membership from a married man or woman shall be received unless all the children under fourteen years of age join at the same time. Children under five years of age cannot be admitted unless entered with one of their parents or a guardian.

2. *Payments.*—The payments shall be made monthly in advance, and in the event of any Member who has paid his subscription becoming a recipient of Poor Law relief, he shall continue to receive the benefits of the Institution until his subscription shall again become due.

The following scale of payments is suggested:—

	Town, per month	Country, per month
A. Adults over 18	6*d.*	4*d.*
B. Young persons (14 to 18). . .	4*d.*	4*d.*
C. Man and wife	10*d.*	8*d.*
D. Children under 14	2*d.*	2*d.*

Not more than four children under 14 years of age shall be charged for in any one family. Any others under that age shall be free.

NOTE.—In order to facilitate the collection of Members' payments, it is suggested that cards of four different colours should be issued; so that one-fourth of the Members (holding cards of a certain colour) shall come up to pay each week. These sums, when paid, shall be acknowledged by an officer of the Dispensary, on cards to be kept by the Members. A man and wife and their children under 14 years of age shall have one card only.

3. *General Attendance by Medical Officers.*—Every Member may choose a Medical Officer from the Dispensary Staff, but no change can take place during illness without the consent of the Committee of Management.

All patients who are able must attend at the Dispensary at the appointed times, bringing their cards and subscription

papers with them. Children of Members will be vaccinated without any charge. Patients must find their own bottles, phials, cups, &c.

NOTE.—In some Dispensaries it might be desirable to charge for vaccination and re-vaccination.

Patients too ill to attend at the Dispensary must send their cards before 9 o'clock in the morning to the residence of the Medical Officer they have chosen, who will see them at their homes.

In cases of sudden illness or accident, Members will be attended at any time on sending their cards to any one of the Medical Officers.

4. *Attendance in Confinements.*—Female Members of three months' standing may be attended in their confinements by one of the Medical Officers on paying at the Institution not less than 15*s.* in London and large towns, and 10*s.* 6*d.* in rural districts, one month previously; or the money may be paid by instalments of not less than 2*s.* 6*d.* each, the last of which is to be paid a month previous to confinement. If the attendance of a Medical Officer is required in a premature confinement by a Member, she must pay the full fee of 15*s.* or 10*s.* 6*d.*, as the case may be, or any part of it remaining unpaid at the time of sending.

Members may have the attendance of the midwife on payment of 5*s.* The payment must be completed one month before confinement, either by one payment or by two instalments. Members of less than three months' standing must pay 7*s.* 6*d.*

5. *Dentist.*—Every Member may have the assistance of the Dentist at such times and for such fee as the Committee of Management shall direct.

6. *Notice of Withdrawal from the Dispensary.*—Notice shall be given by the Members to the Honorary Secretary of their withdrawal from the Dispensary in consequence of leaving the district, and Members who have complied with this rule will be re-admitted, on their returning to the neighbourhood, without payment of arrears. Members discontinuing their payments for more than three months, from neglect or from removal, without having given notice, shall cease to be Members, except on such payment of arrears or other terms as the Committee of Management may think just.

7. *Fines.*—No Member who is in arrear will be entitled to the benefits of the Institution. Members in arrear must pay

fines as follows :—2*d.* for the first month, 4*d.* for the second month, and 8*d.* for the third month, in addition to the arrears.

8. *Powers of Members.*—Adult Members of one year's standing shall be eligible to serve on the Committee of Management and to vote at General Meetings. (*See* Rule VII.)

IV.—Honorary Subscribers.

The Honorary Subscribers shall be the contributors to the Subscribers' Fund of the following amounts :—Five guineas for a Life Subscription, and half-a-guinea and upwards for an Annual Subscription. The powers are described under the head of 'Management,' Rule VII.

V.—Funds.

There shall be two distinct Funds, to be called the 'Members' Fund' and the 'Honorary Subscribers' Fund,' respectively.

The *Members' Fund* shall consist of the periodical and other payments, except those for confinements (*see* Rule III. 4), made by persons entitled to the benefits of the Dispensary, who shall be called 'Members.'

The *Honorary Subscribers' Fund* shall consist of the contributions of friends of the Institution, who shall be called 'Honorary Subscribers.'

The Members' Fund, after deducting 15 per cent., shall be paid to the Medical Officers, in the proportions mentioned in Rule VIII. 4.

The Honorary Subscribers' Fund, with the addition of at least 15 per cent. of the Members' Fund, shall defray the expenses of management, drugs, and medical appliances, and shall supplement the midwifery fees paid by Members (Rule VIII. 4), and may, when there is a surplus, provide admission to Convalescent Institutions to those Members who require it, and may also assist in providing medical comforts and instruments (e.g. trusses) to patients.

VI.—Officers.

Attached to the Dispensary there shall be Trustees, a Treasurer, a Committee of Management, an Honorary Secretary, Auditors of Accounts, Medical Officers, a Dispenser of Medicines (whose duties might in some districts be combined

with those of a Resident Medical Officer), a Midwife, and such paid assistants as may be necessary; and all Officers shall continue in office till one month after the General Meeting, or until their successors are appointed, subject to the provisions of Rules VII. 6 and 7, VIII. 2, and IX.

VII.—Management.

The Dispensary shall be managed by Subscribers of not less than three months', and a limited number of representatives of the adult Members of not less than one year's, standing.

1. *Trustees.*—The property of the Institution shall be vested in Trustees (*See* Rule VII. 6, *d*) for the use and purposes of the Institution, subject to the control and at the disposal of the Committee of Management.

2. *Treasurer.*—The Treasurer (Rule VII. 6, *d*) shall receive all moneys paid on account of the Institution, and shall disburse the same on the order of the Committee of Management. He shall keep his accounts according to Rule XIII.

3. *Committee of Management.*—At least ten persons shall be specially selected to serve on the Committee of Management (*see* Rule VII. 6, *d*), of whom not less than one-half shall be Honorary Subscribers, and the remainder Representative Members. In addition to these the Treasurer, Honorary Secretary, Medical Officers, and Dentist shall be *ex-officio* Members of the Committee. Three shall form a quorum. The Committee of Management shall superintend, manage, and conduct the business of the Institution. It shall keep accurate minutes of all its transactions, containing cash accounts of receipts and payments. It shall appoint the Medical Officers and Dentist, subject to the confirmation of the General Meeting or an Extraordinary General Meeting. It shall have power to appoint and dismiss the Dispenser, Midwife, and other paid assistants not mentioned by name in Rule VI. It may also suspend any other officer for neglect of duty, and temporarily appoint another in his stead, and shall report thereon within fourteen days to the General Meeting, or to an Extraordinary General Meeting; but in carrying out this clause, action shall be taken by the Committee of Management only when at least two-thirds of its Members are present. The Committee of Management shall also report to the General Meeting on the transactions, state, and progress of the Institution.

4. *Honorary Secretary.*—The Honorary Secretary shall act

under the instructions of the Committee of Management. He shall give eight days' notice by circular to the Honorary Subscribers and Representative Members of any General Meeting, and of any Extraordinary General Meeting, and shall post up a notice at the Dispensary for the same period. He shall be responsible for the receipts, and shall pay over to the Treasurer all Members' payments, together with all other moneys coming to his hands in behalf of the Dispensary; and he shall keep accounts of all such receipts and payments, according to Rule XII.

5. *Election of Representative Members.*—The adult Members of one year's standing shall meet once a year, at such time and place as the Committee of Management shall appoint, for the purpose of electing from their own body a limited number of Representatives (the number to depend on the number of 'specially selected' Members of Committee of Management—*see* Rule VII. 3) to serve on the Committee of Management and vote at General and Extraordinary General Meetings during the ensuing year. One claim only for a vote shall be recognised for a family card. The Honorary Secretary, or other honorary officer of the Dispensary, shall be present at the election to represent the Committee of Management.

6. *General Meetings.*—A General Meeting of the Honorary Subscribers and the Representative Members shall be held annually in the month of ————, and nine shall form a quorum. The objects of the meeting shall be—

a. To receive the Report of the Committee of Management on the transactions and state of the Institution.

b. To receive the Medical Officers' Report.

c. To receive the Auditors' Report.

d. To appoint the Committee of Management, Trustees, Treasurer, Honorary Secretary, Auditors of Accounts, and to confirm or otherwise determine the appointment of the Medical Officers and Dentist for the ensuing twelve months.

e. To revise, modify, or alter, if need be, the Rules of the Dispensary. One month's notice of any proposed alteration shall be given to the Honorary Secretary.

f. To transact the general business of the Dispensary.

7. *Extraordinary General Meetings.*—An Extraordinary General Meeting of the Honorary Subscribers and the Representative Members may be held at any time upon the requisition in writing of nine voters, of whom not less than five shall be Subscribers; such requisition to state the object of the meet-

ing, and to be delivered to the Honorary Secretary. Extraordinary General Meetings shall have all the authority and powers of General Meetings. Eight days' notice shall be given by circular to the Honorary Subscribers and Representative Members of any such Meeting.

VIII.—Medical Officers.

1. *Number.*—There shall be a Consulting Physician, a Consulting Surgeon, and a Consulting Physician Accoucheur, and a sufficient number of Medical Officers in ordinary; all of whom shall be duly qualified and registered. (*See* Appendix B.)

2. *Appointment.*—The Medical Officers shall be appointed annually, or when a vacancy occurs, by the Committee of Management, subject to confirmation within a month by the General Meeting, or an Extraordinary General Meeting. Medical Officers shall be considered eligible for re-election for ten successive years, but not longer, unless, in the opinion of the Committee of Management, there is no other suitable candidate for the post. (*See* Appendix B.) Canvassing at the appointment of any Medical Officer is disallowed, and will disqualify for election.

3. *Duties.*—One of the Medical Officers shall attend daily at the Dispensary at the hours appointed by the Committee of Management; and if a Member is prevented from attending by illness, the Medical Officer selected by that Member shall attend at his or her place of abode. They shall attend Members (entered under them) in their confinements, who have paid the midwifery fee to the Honorary Secretary; or, in case of premature confinement, Members of three months' standing who pay the fee at the time of sending. They shall assist the Midwife in cases of difficulty if she should require them. They shall keep an accurate register, according to a prescribed form (*see* Rule XV.), of all cases treated by them, and report to the General Meeting on the statistics of health of the Members. They shall inspect and check with their signatures the orders for drugs and the drug bills. (*See* Rule X. 2.) No operation of importance shall be undertaken without a consultation with one or more of the Dispensary Staff. They shall undertake to give three months' notice of leaving.

4. *Remuneration.*—The remuneration of the Medical Officers in ordinary shall consist of the Members' Fund (after

deducting at least 15 per cent.), to be divided amongst them half-yearly at Midsummer and Christmas, by the Committee of Management, in proportion to the amount received from the Members who have selected them. For every case of confinement which they attend under Rule III. 4 they shall receive the fee paid by the Member, and, in addition, six shillings from the Honorary Subscribers' Fund; and for every case which they attend at the requisition of the Midwife (Rule XI. 2) they shall receive ten shillings and sixpence from the Honorary Subscribers' Fund. It is also recommended that the Consulting Officers be paid, when their services are required, from the said fund.

The Honorary Subscribers' Fund, however, ought not to be had recourse to for the payment of midwifery or consultation fees when the patient is able to pay them.

IX.—Dentist.

A duly qualified Dentist shall be appointed annually by the Committee of Management, subject to confirmation within a month by the General Meeting, or, when a vacancy occurs, by an Extraordinary General Meeting. He shall be eligible for re-election for ten successive years, but not longer unless there is no other suitable candidate for the post. He shall attend at the Dispensary or elsewhere, and at such time as the Committee shall direct, to treat dental cases occurring among the Members, who shall pay according to a moderate fixed tariff approved by the Committee of Management.

X.—Dispenser.

1. *Qualifications, Appointment, Salary, Dismissal.*—A Dispenser, who, if possible, should be a person registered under the Pharmacy Act, shall be appointed by the Committee of Management, at such salary and giving such security as the Committee shall determine, and may be dismissed at their discretion at a special meeting of the Committee called for that purpose, on payment to him of a proportionate amount of his salary. In large Dispensaries the Dispenser might be a qualified medical man.

2. *Duties.*—He shall attend the Dispensary daily, at and for such time as the Committee shall determine. He shall take charge of the drugs and appliances. He shall faithfully compound and dispense medicines to the Members of the

Dispensary according to the prescriptions of the Medical Officers—delivering them with printed, or plainly written, labels of directions. He shall from time to time prepare a list of whatever drugs &c. may be wanted for the Dispensary, and enter the same in a book, which, with the order for the same, shall be signed by two of the Medical Officers; and all bills for drugs &c. shall be examined with such order-book, and signed by the Dispenser and Medical Officers; and the order-book and bills shall be laid before the Committee of Management at its meetings.

XI.—Midwife.

1. *Appointment.*—The Midwife or Midwives, who should be duly qualified, shall be appointed by the Committee.

2. *Duties.*—To attend all Members in their confinement who have an order from the Honorary Secretary requiring her attendance. To report to the Medical Officers of the patient so attended on a prescribed form; and, in case of premature confinement, to attend Members who pay 5*s.* to her at the time of sending, unless they are Members of less than three months' standing, when they shall pay her 7*s.* 6*d.* Sums received by her in this way shall be handed to the Honorary Secretary or Treasurer within one week. In all cases of difficulty she shall send for the Medical Officer under whom the Member is entered. (*See* Appendix C.)

3. *Remuneration.*—For each case of confinement so attended she shall receive 5*s.*, unless in case of a Member of less than three months' standing, when she shall receive 7*s.* 6*d.*

XII.—Assistants.

Such paid assistants, as Assistant-Secretary, Collector, and Attendant, shall be appointed by the Committee of Management as may be required; and in some localities the two former of these offices might be combined with that of Dispenser.

XIII.—Accounts and Auditors of Accounts.

The Treasurer shall keep a Debtor and Creditor account with the Committee of Management. The Honorary Secretary shall keep two distinct accounts: 1. The Members' Fund Account; 2. The Honorary Subscribers' Fund Account. The Auditors of Accounts shall annually, prior to the General

Meeting, audit these accounts, and shall call for and inspect all Books and Vouchers and Documents relating thereto; and shall report the state of the Books and financial position of the Institution to the General Meeting.

XIV.—Annual Report.

The Annual Report shall be drawn up according to a prescribed Form, and the following particulars shall be returned:—

1. Number of Members.
2. „ Medical Officers.
3. „ New Members, inclusive of those admitted during illness.
4. „ Members admitted during illness, and Names of Diseases.
5. „ Attendances of Patients at the Dispensary.
6. „ Visits at Homes of Patients, exclusive of Midwifery cases.
7. „ Midwifery cases—
   - *a.* Attended by Medical Officers.
   - *b.* „ „ Midwives.
   - *c.* „ „ „ assisted by Medical Officers.
8. „ and Causes of Deaths.
9. Income. *a.* Periodical Payments of Members.
   - *b.* Honorary Subscriptions and Interest.
   - *c.* Payments of Members for Midwifery.
10. Expenditure. *a.* Payments to Medical Officers.
    - *b.* „ „ Midwives.
    - *c.* Dispenser's salary.
    - *d.* Rent, rates, furniture, &c.
    - *e.* Drugs.
    - *f.* Payments to Assistants.

XV.—Prescribed Forms for Medical Officers' Reports.

Every Medical Officer of the Dispensary shall be provided with, and shall keep posted up, a Book containing a prescribed Form, to be called the *Daily Register of Cases*; from which he shall fill up and sign, *for each week* (by an early day in the following week to be appointed by the Committee of Management), a Form to be called the *Weekly Return of Sickness*. Each Medical Officer shall also keep a record of the Midwifery

cases occurring among the Members who are entered under him, whether they are attended by the Midwife or by himself, which shall be called *The Register of Midwifery Cases.* (For suggested Forms and Notes, *see* Appendix D.)

APPENDIX TO RULES.

A (to Rule III.).

The qualifications for Membership must vary in different places. In London, families earning not more than 30*s.* a week are suggested as suitable for admission as members; but in the case of large families a higher rate of wages should not disqualify for membership. The correspondents who have sent their views to the Committee are in favour of a liberal scale of admission—the majority being of opinion that small shopkeepers, artisans, labourers, and domestic servants whose yearly wages do not exceed £15, may be considered as suitable Members, unless the Committee of Management is satisfied that they are able to pay the usual charges for advice and medicine.

B (to Rule VIII. 1).

As long as the Medical Officers in ordinary can only be partially remunerated for their services, their number should be limited; but, to prevent injustice to others, the Rule provides that they shall be eligible for re-appointment only for a term of years. With the same view the Committee also suggest that one Medical Officer be appointed for not more that 1,500 Members, and that partners in a firm of Surgeons be considered ineligible to serve at the same time. The Committee confidently expect that, as these Dispensaries gradually become self-supporting, it will be possible to add largely to the Medical Staff, and in some districts to include all the resident legally qualified medical men who are willing to perform the duties.

C (to Rule XI. 2).

A more general employment of qualified Midwives, under the supervision (if necessary) of a medical man, should be encouraged.

They should, before the fee is paid, furnish the Medical Officer of the Patient, in writing, with suffieient information regarding each case whieh they attend, to enable him to fill up the columns in the *Register of Midwifery Cases* (Appendix D).

D (to Rule XV.)

I. The *Daily Register of Cases* should contain columns for the following :—

(1) Date. (2) No. of Member's card. (3) Name of Patient. (4) Residence. (5) Sex (M or F). (6) Age. (7) Married (M) or single (S). (8) Occupation. (9) Disease—*a* primary, *b* seeondary. (10) Date of Attack. (11) Number of Times seen (*a*) at Dispensary (*b*) at Home of Patient. (12) Result. (13) Duration of the Disease.

Notes.—Cascs should be entered afresh *every week*, but under no circumstances should one *persisting disease* be entered as a new casc. When a case, under treatment in a formcr week, presents itself, the Name, with a refcrenee to date when last seen, will be sufficient for all the columns from (1) to (10).

(9) *Diseases.*—When *secondary* forms of disease supervene, their names, and, if operations are performed, their nature, should be written under the primary disease in the week when they oceur. Name of disease should not be entered too soon—rather, if not sure of its nature, leave a blank, and when the true name is known insert it. If a *new* disease supervene on another disease, with which it has no connection, it should be entered as a *new* case.

(10) *Date of Attack* can only be given approximately in many cases. In eruptive diseases calculate from the first symptoms, and not from the day of eruption. In infectious diseases the date of known infection may also be written under the date of attack.

(12) *Result.*—If the easc is not terminated at the end of the week write 'eontinued.' If a patient under treatment should change his residence he should be referred to a Provident Dispensary in the District where he settles. This would prevent cases being lost sight of.

(13) *Duration of the Disease* in days, hours, or minutes, according to its length. The duration of secondary diseases should not be neglected.

II. The *Weekly Return of Sickness* may be deduced from the *Daily Register of Cases*, and should show at least—

(1) The Number and Nature of *new* Cascs of disease occurring during the week. (2) The Number and Nature of Cases

under treatment at the end of the week. (3) The number and Causes of Deaths during the week. And (4) Remarks and Suggestions of Medical Officers.

III. The *Register of Midwifery Cases* should have columns for the following :—

(1) Name. (2) Residence. (3) Age. (4) Married (M) or single (S). (5) Number of Children previously. (6) Number of Miscarriages. (7) Duration of Pregnancy. (8) Presentation (*a*) of first child (*b*) (if twins) of second child. (9) How Delivered. (10) Date of Confinement. (11) Duration of Labour (if possible, of first, second, and third stage). (12) Condition of Child (*a*) alive or dead (*b*) sex. (13) Post-partum Accidents. (14) Initials of Medical Officer.

APPENDIX No. IV.

Report of a Conference on Out-patient Hospital Relief summoned by the Council of the Charity Organisation Society in pursuance of the Sixth Recommendation of their Medical Committee.*

A Conference was held on Tuesday, the 12th December 1871, in the House of the Society of Arts, under the presidency of Mr. W. H. Smith, M.P., to discuss the best methods of checking the abuses now incidental to out-patient Hospital relief, with special reference to the expediency of extending the provident principle. The Conference was well attended. Amongst the persons present were :—Mr. W. H. Smith, Right Hon. J. Stansfeld, Sir Charles Trevelyan, Mr. Henry Pownall, Mr. Fairlie Clarke, Dr. Macfarlane, Dr. Mackenzie, Dr. Aldis, Mr. Samuel Gurney, Mr. Gurney Hoare, Mr. Chas. Hoare, Hon. W. W. Vernon, Col. Fremantle, Lord Joscelin Percy, Rev. Harry Jones, Hon. A. Kinnaird, M.P., Rev. J. F. Kitto, Mr. E. Enfield, Mr. E. W. Hollond, Mr. A. H. Hill, Mr. C. d'A. Orred, Dr. Sibson, Dr. Bridges, Dr. Guy, Dr. Ford Anderson, Mr. T. F. Buxton, Mr. T. Holmes, Mr. G. Cowell, Rev. Harvey Brooks, and Rev. T. E. Platten.

Mr. W. H. Smith, M.P., said, in opening the proceedings: 'It is perhaps right that I should say one word for the Executive of the Association upon a point which fills all our hearts and occupies our feelings at the present. I mean the illness of H.R.H. the Prince of Wales. The Executive has been thinking whether it would be expedient that the question for discussion should be postponed ; but it has been felt that it is not a subject which it is undesirable to consider at a period when men's hearts are filled with sorrow, and when perhaps they are more ready to consider the means of averting sickness and disease than in a period of general and complete prosperity. I am sure the feeling which we all have is one of very earnest

* Supra, p. 69.

hope, if not of very sanguine hope, that his Royal Highness may, by the blessing of God, be brought through the terrible illness with which he is afflicted.' (Hear, hear.) The question for discussion was one which had occupied the minds and hearts of the most charitable, and, he would venture to say, the wisest of the men who had been engaged for very many years in the work of attempting to heal sickness and minister to the wants of those who were suffering. In the year 1854 Dr. Guy read a paper in the Statistical Society, in which he drew attention to the magnitude of the work which was going on in connection with the London Hospitals, and to the want of regulation, of system, of organisation in the administration of charity at the Hospitals. Nothing, however, had been done, and it was now felt by all those who had been most intimately concerned in the administration of those charities, that some system should be devised by which the wants of those who were sick and suffering should be relieved, while the largely pauperising element mixed up with the present arrangements should be, if possible, removed. Practically the out-patient wards of the Hospitals were open to all comers. No matter how many patients sought relief, no matter whether the sickness was severe or light, no matter whether the means of the applicants were large or small, they appealed to the physician or surgeon, and they were seen in their turn. It was impossible to deny that there were great evils mixed up with this work of charity. Very many persons were brought together, some suffering under severe illness, some slightly indisposed, some suffering from that imaginary malady which many of us were afflicted with from time to time, and which required a little fresh air and exercise. But there could be no question whatever that one great evil existed—that acute sickness was brought into contact with persons who were predisposed to acquire sickness, and that the seeds of disease were spread from the out-wards all over the metropolis. That was a matter which he feared was lost sight of by many persons, but which was no imaginary evil and danger. (Hear, hear.) There was another evil existing which was also a very serious one—namely, the absence of check and control or sifting of the patients, so as to distinguish between persons who possessed means and who ought to make provision against the time of sickness and those who were really objects of charity. (Hear, hear.) He had himself had much experience of the great difficulties with which the most respectable and independent of the working classes of London had to con-

tend in being called upon to pay bills for medical attendance, amounting to £5, £10, and in some cases £30. It was impossible not to feel that it was very hard for those who earn 30*s.* or £2 a week to pay such bills. (Hear, hear.) Some system, some organisation or arrangement, was therefore necessary under which an independent working man in the metropolis, or in any part of the country, could find for himself and his family at his own proper cost, without loss of independence or self-respect, provision for the day of sickness. He would not indicate the way in which that provision should be made, but he could not help pointing out that, on the one hand, there did exist a vast amount of evil and danger to health from the present system, and that, on the other hand, there did not exist means by which the working man—the individual who was not a pauper, but who was not in receipt of a considerable income—could make provision for his necessities in time of sickness. (Hear, hear.) There was no machinery now in existence whereby such provision was made consistently with the self-respect and health of the individual and his family, and the question was one of wide interest and importance to the future welfare of the country. (Hear, hear.)

Letters expressing regret for inability to attend had been received from the Earl of Lichfield, the Earl of Derby, the Bishop of London, and others.

Mr. Fairlie Clarke, of Charing Cross Hospital, as Hon. Sec. of the Medical Committee of the Charity Organisation Society, then said: 'In order to show those who have no personal acquaintance with the management of Hospitals the magnitude of the evils of which we complain, let me lay before you a few statistics to indicate the number who use our out-patient Hospital relief, and the proportion which they bear to the population. In compiling these statistics I have obtained my information either from the secretaries of the Hospitals themselves, or from the returns given in the "Medical Directory." I have endeavoured, as far as possible, to avoid sources of error, and I have tried to ascertain the number of individuals (not of attendances) treated at each Hospital. I find that last year the out-patients treated at 15 general Hospitals were 590,151; 34 general dispensaries, 305,491; 39 special Hospitals and dispensaries, 261,374: total 1,157,016. This is exclusive of 17 Hospitals and dispensaries which make no return, and of course it is exclusive also of those who are assisted by the medical services of the Poor Law. I think, sir,

that if this figure is anything like correct, it represents a percentage upon the population which is far larger than can be considered fit objects for gratuitous charitable relief. I said a moment ago that in preparing these statistics I had endeavoured to avoid sources of error; but there are some sources of error which it is impossible to eliminate. Thus, some of the out-patients may have been sent up from the country; some may have been entered two or three times in the same year for different illnesses; some may have been attending more than one Hospital at the same time. To allow for these cases, let us say that the number of out-patients is one million. But if anyone thinks that the deduction of 150,000 is not sufficient, I am willing for argument sake to make still further allowances, because if we even state the figures as low as 820,000, it would still form a quarter of the three millions and a quarter at which the population of London is estimated—i.e. it would show that one person in four is receiving gratuitous medical treatment. Now, sir, I cannot think that our social state is so bad, that our national industry is at such a low point, that one-fourth of our population would be correctly described as the "really indigent," the "necessitous poor," for whom these institutions are intended. (Hear, hear.) But this is not all. Not only have the numbers attending the out-patient department reached this enormous figure, but the rate at which the increase has proceeded is very serious. In order to ascertain what has been the increase in a generation, I have made inquiries at most of the Hospitals which were in operation before 1830, and I have obtained the following striking statistics. The Hospitals I applied to were St. Bartholomew's, St. Thomas's, Guy's, the London, Middlesex, St. George's, Westminster, Charing Cross, Moorfields Ophthalmic, and the Royal Hospital for Diseases of the Chest. Of these Guy's and Middlesex could give no reliable information. At the eight other Hospitals the total number of out-patients in 1830 was 46,435. In 1869 it had risen to 277,891. During that period of 39 years the population of the metropolis had a little more than doubled, while the attendance at these eight Hospitals had increased more than fivefold. But it will make the rate of increase still more apparent if I mention that at the same eight Hospitals there were, in 1870, 43,368 more out-patients than in 1869. These eight Hospitals were chosen simply because they were in operation in 1830. If I had been minded to select examples in which the increase from 1869 to

1870 had been the greatest, I might have made my figures still more telling. As six of these Hospitals are general and two special, I think they might be taken as a fair specimen of the whole. Now, of this enormous number there can be no doubt that many are able to pay the charges of a local practitioner, while a still larger proportion are in a position to pay the 8*s*. or 10*s*. a year which is all that the Provident Dispensary demands. I suppose we shall all agree that the former class ought not to be admitted to the Hospital at all. Here let me mention that the Charity Organisation Society will gladly undertake to investigate all doubtful cases, as it has already agreed to do for St. George's Hospital. But how are the latter class to be dealt with? This, as it seems to me, is the very point of our conference. Is it desirable that they should be induced to flock year after year to our Hospitals in ever-increasing numbers; or would it not be better to encourage them to enrol themselves in provident dispensaries, where they would obtain, by their own small but regular payments, the medical advice and attendance that they may require? The Charity Organisation Society considers that there can be no doubt that it would be best to extend the Provident System. I suppose that all who are present are familiar with the idea of a Provident Dispensary. It is an institution which receives all comers—men, women, and young persons alike—who secure for themselves by small but continuous payments medical attendance and medicine when they are ill. It is, in fact, a mutual assurance against sickness, conducted in part on a commercial footing, but at present needing to be supplemented by the charitable. Such institutions as these were originated about forty years ago, and they have been tried in various parts of the country, as well as in the metropolis. In the manufacturing districts they have flourished the most. In London there are about a dozen; but here, at least in the central districts, they have been placed in such unfair competition with the free charities that it is not to be wondered at that they have not proved so successful. When there were Free Hospitals and Dispensaries on every side eager to receive him, it was scarcely in human nature that the artisan should volunteer to pay for that which he could easily obtain for nothing. Yet, if we would not pauperise our working classes by encouraging them to rely on others for medical relief, some form of co-operation such as we have described must be adopted. The success of the movement in other places shows what might

be looked for in London, if the provident principle had a fair chance. Let us take the case of Derby. The population is about 44,000. It has, of course, the medical service of the Poor Law; it has an excellent county infirmary; but besides these, there are also two provident dispensaries. The one, which has been in operation 40 years, has 4,900 enrolled members; the other, which has only been in existence a few months, has already 1,100 on its books. Hence it will be seen that about one in seven has found the provident institution suited to his wants. I have instanced Derby because I have some personal acquaintance with the town, and because I have been able to obtain some recent information; but other towns would have served equally well to give point to my arguments. Now if the same proportion which we find in Derby avail themselves of the provident dispensary were to do so in London, with its population estimated at three millions and a quarter, over 464,000 would be so enrolled, instead of which there are only 25,000 on the books of the existing provident dispensaries. In Derby there are two such dispensaries in a population of 44,000; if London is to be equally well supplied, there should be 130, instead of only the eleven which now exist. I know not, sir, how these figures may strike this meeting, but to me it is quite refreshing to find there is even *prima facie* reason for supposing that many of those who have hitherto sought gratuitous advice are willing to pay something for medical attendance, and that institutions which have hitherto been purely eleemosynary might be made almost, if not quite, self-supporting. With a view to extending the provident system in the metropolis, the Charity Organisation Society suggests that the existing free dispensaries should be placed on a provident basis. By this means a double good would be effected. The number of free medical charities, which is now excessive, would be somewhat diminished, while the means whereby the industrious poor might obtain good medical advice, on terms suited to their wages, would be increased. This step has already been taken at the Westbourne and Notting Hill Dispensaries. In districts where there is no dispensary a provident institution might be started with advantage. (Hear, hear.) The Association also proposed that the provident associations should be affiliated to the Hospitals, and that the members should thus have the advantage of Hospital treatment whenever it was necessary.' Mr. Fairlie Clarke concluded by

saying that the Association had no desire to bridle charity, but to prevent indiscriminate charity. (Hear, hear.)

Sir CHARLES TREVELYAN said: 'My claim to stand here is that I belong to a Society which is endeavouring to grapple with London pauperism and to give it a Cornish throw. Having undertaken such an audacious task, it became our duty to investigate the conditions and causes of this awful problem, and we soon arrived at the conclusion that the existing system of gratuitous, indiscriminate medical relief was one of the most powerful of those causes. Other modes of relief only affect the poor, but this includes every class of society except the highest, and educates them to habits of dependence, while those who are already pauperised are precipitated by it to a lower depth. It is a mistake to suppose that the class of *malades imaginaires* is only to be found among the rich. For one fine lady who pays her two or three guineas a week for the luxury of frequent conferences with her physician, hundreds of poor women are tempted by our medical charities to live upon drugs, tonics, and cordials, to the neglect of the real sources of health—regular employment, good food, cleanliness, and roomy, well-ventilated dwellings. Clergymen and district visitors, in their visits to the poor, constantly see rows of phials, obtained some from one and some from another hospital or dispensary, which are appealed to as evidence of a low state of health. "My doctor," they say, "bids me do this or that." Thus the abuse of medical relief works in with the abuse of other kinds of relief. But this whole system is breaking down by its own weight. With two or three exceptions, the Hospitals are all out at elbows. They are spending more than they get, and are constantly making lamentable appeals to be rescued from bankruptcy. How can it be otherwise? The burden to be borne is nothing short of the medical treatment of the entire community, with the exception of a narrow upper margin. The great bulk of the community who lie between those who pay the ordinary fees and those who can pay nothing at all, including the entire working class, are not only exempted from contribution, but matters are so arranged that they would find it difficult to contribute even if they wished to do so. However practicable it may have been in former times, such a medical system is totally unsuited to the present vast population of London. Another evil arising from it is, that the medical profession is to a great extent unpaid. Gratuitous service is proverbially bad service; and it has always appeared

to me highly honourable to our medical profession, and, through it to the nation itself, that, although in large part very insufficiently paid, they have performed their part in so conscientious and zealous a manner. We have lately incurred a liability of seven or eight millions in order that our military officers may have a fair day's pay for a fair day's work; and why not our medical men? It is a mistake to suppose that no practical evil arises from it. The excessive tendency of late years to establish odds and ends of special Hospitals, many of which are not really wanted, while they compete with and weaken the general Hospitals, can only be accounted for by the anxiety of young medical men, in the absence of a legitimate career, to bring themselves into notice, and to make a practice for themselves. It is plain, therefore, that the case with which we have to deal is of a complex, chronic, pervading character, to which no partial remedy would be applicable. It is not confined to general Hospitals, Special Hospitals, Free Dispensaries, or Poor-law Dispensaries, but embraces all alike. In order to be effective, the remedy must be co-extensive with the disease. The key to this remedy we believe to be the conversion of the existing Free Dispensaries into Provident Dispensaries, and the establishment of a sufficient number of new Provident Dispensaries, so as to provide, *on the principle of association*, which has been successfully applied to so many other objects, for the medical treatment of the great bulk of our metropolitan population, who are intermediate between those who pay the ordinary fees and those who can pay nothing at all; and the affiliation of the Provident and Poor-law dispensaries of each district with the General Hospital of the district. Our General Hospitals are our great reserve of medical and surgical skill and experience, our central consulting body and court of appeal for the entire medical profession, and our schools of medicine and surgery for the whole country. If the proposals now made do not increase the efficiency of these noble national institutions, we are ready at once to abandon them. What we propose is, that the medical officers of the Provident and Poor-law Dispensaries should, on the one hand, send up to the General Hospitals of their respective districts cases of more than usual difficulty, and those requiring clinical treatment, while, on the other hand, the large class of trifling or imaginary ailments, with which the out-patient departments of the Hospitals are at present over-burdened, should be referred to the Provident or Poor-law dispensaries. Another important change would be that when medical students

had completed their course at the Hospitals, they would find in the Dispensaries a suitable field for laying a foundation for their future professional reputation, earning in the meantime a professional income, which, though moderate, would in most cases suffice for their support. Lastly, this plan would supply what I believe is admitted to be a defect in the existing system of medical education. Although the Hospitals furnish plenty of interesting and difficult cases, they are deficient in examples of the everyday class of domestic complaints—measles, whooping-cough, teething, and the all-important category of midwifery cases, which forms so large a part of the business of a medical practitioner. All this would be supplied if medical students were required, as part of their course, to take a turn at one or more of the dispensaries of the district, and to accompany the medical officers of the dispensary in their vists to the sick. There are, however, two indispensable conditions. First, the managers of the General Hospitals should lay it down as a rule that no person who can afford to pay shall be treated gratuitously, either in or out of the Hospital, and should adopt some practical mode of discriminating between those who can and those who cannot be expected to pay. We know from our experience in the Charity Organisation Society, that there is much less difficulty on this score than is generally supposed, and we are ready to place at the disposal of the Governors our inquiry officers, and all other means of information. When it is seen that cases will not be admitted to gratuitous relief as a matter of course, persons who have any remaining self-respect will refrain from applying on that footing. Urgent cases will, of course, be admitted, as at present, without question; and accommodation of a superior kind should be provided in the Hospitals for persons who can afford to pay liberally, and who may wish to avail themselves of the first-rate medical, surgical, and nursing skill which these institutions afford, according to the practice in the French and in some of the Anglo-Indian Hospitals. The other indispensable condition is that the Governors should not insist upon their privilege of securing gratuitous admission for their nominees. At present the heads of domestic establishments in the west, and of industrial establishments in the east and south of London, often subscribe expressly for this purpose, and resent any attempt to impose limits upon their "valuable patronage," as some of them consider it. From this practice two lamentable consequences ensue: 1st, the income of the Hospitals is stinted by being deprived of the con-

tributions of the entire working classes and of no small proportion of the class immediately above; and, 2ndly, the taint of dependence is inflicted on an immense proportion of these classes, whence it circulates through every vein of our social system. If any really useful improvement is to be attained, this great abuse of "Governors' letters" must be got rid of, and people must subscribe from some less mercenary motive. The truly beneficent character of our general Hospitals is so universally admitted that it is quite unnecessary to appeal to secondary motives of any kind. All that is wanted is that the rich should give of their abundance to these, as they do to other charities, leaving those who are benefited to contribute according to their means, if they are able to do so, and, if not, to have the advantage as a gratuitous boon. When our medical institutions shall be placed, in the main, on a provident basis, our working people will be educated to foresight and frugality, as they now are to mendicancy and dependence.' Sir Charles then moved the following resolution:—'That this Conference is of opinion that there exists a great and increasing abuse of outdoor relief at the various Hospitals and Dispensaries of the Metropolis, which urgently requires a remedy.'

Dr. Meadows seconded the resolution. He said that the more he had studied the system of outdoor Hospital relief the more convinced he was of the great and glaring abuses existing in it. (Hear, hear.) Now, the proposed reform would affect the poor, the public, and the medical profession. In regard to the first, it was unquestionably the fact that the poor were now being gradually ousted out of the consulting-room by well-to-do persons; and he knew, as a fact, that persons in the possession of incomes of £1,000 a year came as out-patients to receive advice, and that the wives and daughters of men almost as wealthy actually borrowed their servants' clothes in order to apply as outdoor patients. (Hear, hear.) That was an injustice upon the public, and not less so upon the medical profession, because, in fact, thousands and thousands of pounds were taken annually out of the pockets of practitioners, who were expected to give up hours every day in gratuitously advising persons who were perfectly well able to pay the usual fees. (Hear, hear.) The profession were perfectly convinced of the evils of the present system, and it hoped that the public generally would take the question up with the earnestness that it deserved. (Hear, hear.)

After some observations from Mr. Pownall,

Dr. Rogers expressed the opinion that until the medical relief of the poor was placed by the legislature on a proper footing, the abuses which had been referred to could not be remedied. The Local Government Board should be compelled to make proper provision for the medical relief of the labouring classes, the vast majority of whom earned very low wages.

Mr. E. W. Hollond said that he deprecated the tone which had been adopted by a previous speaker, to the effect that in putting our out-patient relief at the Hospitals upon a provident basis, we were taking away money from the poor. The fact was, that the charitable gifts of this and former ages had the effect—an effect which was well understood by many economists present, and which the Report of the Royal Commission on the Poor Laws in 1834 proved most conclusively—of supplementing wages, or, in other words, running down the rate of the earnings of the poor. We were now, he remarked, in this country in a transitional state. We were gradually passing out from the feudal epoch, in which the small minority of the population, aggregating to themselves a larger share of the country's wealth than ought to be theirs, betook themselves to a system of almsgiving and charity, which really meant a patronage and protection by the rich of the poor, whose rights of liberty they were not ready to concede. The feudal epoch was now passing away, owing to the extension of liberty and the growth of the industries of the country. It necessitated an alteration of our social arrangements, and a reconsideration of the principles of charity. If we wanted to be up to our age, we must throw ourselves into the new movement, and attempt to place the patronising charities upon a provident basis. The change, no doubt, must be gradual, and he wished to call the attention of the meeting to the London Hospital Society, started by working men in the East of London. One penny a week constituted membership, and as the sums collected amounted to five guineas, Hospital governorships were purchased, each member of the society having the right to have a ticket of recommendation for himself and family in case of sickness. He supported the resolution, and ridiculed the notion that there was any antagonism between the laws of political economy and the principles of Christianity.

Dr. Guy bore testimony to the accuracy of the figures quoted by Mr. Clarke.

The resolution was unanimously agreed to.

Dr. ACLAND moved the second resolution :—'That, in the opinion of this Conference, the evils inseparable from the system of gratuitous medical relief administered at the outdoor departments of Hospitals and in Free Dispensaries can be in great measure met by the establishment on a large scale of Provident Dispensaries, not only in the metropolis, but throughout the kingdom, and by improved administration of Poor-law medical relief.' He said that this resolution appeared to him well suited to open up a very large question, which it would take a long time to discuss. He would therefore take two or three points for the consideration of this Conference. First of all, the evils of indiscriminate or ill-regulated medical charity, which had been ably described, depended upon complicated causes : no one remedy could relieve them. One remedy, doubtless, would be found in Provident Dispensaries, using that term in a wide sense. It must, however, be borne in mind that the important Act of last Session, constituting the Local Government Board, had entirely changed the aspect of all questions of this nature. This Act virtually would bring into every corner of the country a complete sanitary organisation. It would do this through a powerful central office, but the working of it would rest with the people. The people would, in matters of this kind, manage themselves : they would not be coerced. To the guardians, or other local authorities, and to the parochial surgeons, we must look for the everyday care of public health and medical relief. He thought too often hard things were said of both these classes of persons; they should be trusted, and, where necessary, carefully instructed by the Central Board. With all its faults, the Poor-law organisation of Great Britain was a mighty instrument for good. With the powers Mr. Stansfeld has, it will be far greater. He has, in fact, State Hospitals in every corner of the country. It might startle some, but the workhouse sick wards are substantially State Hospitals. They ought to be in some reasonable relation with county and subscriptional Hospitals : they should act in harmony. At St. Louis, on the Mississippi, he had visited a Hospital where there were three classes of sick. First, those sent at the charge of the Town Council to the common wards ; second, those who were in the same wards, paying the lowest rate for themselves ; third, those who made remunerative payment, and had separate rooms. Something of this kind is wanted, either at our workhouses or at our hospitals. As to paying the staff of such institutions, he could not now

discuss that point, nor the question of paying medical attendance on the poor. The great payment of the Hospital Physician was the acquisition of knowledge and power, attainable no other way. It is through these means that the nation has one point of comfort and confidence now in the physicians at Sandringham. But, after all, the subject of national medical organisation is one involving questions of political economy, in the widest sense. He believed that in the present period of our national history, these questions would be answered only by the union of voluntary association, acting in correlation with the force of the Government. He considered it an epoch that an important Minister, such as Mr. Stansfeld, should have to-day, by his presence, recognised this principle. It was strange, he said, to have this discussion at this moment of the anniversary of the death of the good Prince Consort, his son's life now hanging in the balance. Both these national calamities seemed to come from preventable causes, which are at once the curse and opprobrium of our century. What, he asked, would be more worthy of a powerful Government, more in consonance with the national sentiment, than to make its first and cardinal measure the completest organisation for the prevention and curation of sickness? He hoped this Conference, supported by Mr. Stansfeld, might help to realise this end.

The Rev. J. F. Kitto seconded the resolution.

Mr. Stansfeld was then called on. He said: 'I feel that I owe almost an apology to this Conference for appearing here on this occasion. It has not, I think, been very usual that officials should make their appearance upon the occasion of a voluntary discussion of this nature. They may have been dissuaded from doing so from two motives. In the first place, they may have feared to hamper the discussion of a Conference, and, in the next place, they may have feared to commit themselves. Now, I think I need not make myself unhappy upon the former score, because I do not think that my presence, or the presence of anyone else connected with that which was the Poor Law Board, and is now the Local Government Board, has hampered your discussion to-day. (Hear, hear.) On the other hand, I have no apprehension of committing myself by my presence or by anything that I may say, because I think it only respectful to you, and certainly it is due to myself, to reserve entirely my judgment, and only to have the advantage of carrying away with me from this meeting impressions, I will

not say more valid, but more vivid and of greater value than I could otherwise have gathered. I will not for those reasons enter into any of the details of the discussion to which I have listened with so much interest and profit, but I should like to express my general sympathy with the views of those who have called the Conference together, and with the purposes of the Charity Organisation Society. I have given much and close attention to the question of pauperism, though only for a period of nine months. You, sir, and probably everyone whom I have the honour to address, have doubtless given a much longer attention to this great and important subject. But what has struck me has been this, the close connection between the problem of the best administration of the national Poor Law and the problem of the best administration of the national voluntary charity of this country. (Hear, hear.) They are both, in one sense, a charity. The one is the organised, although not always the best organised, charity of the nation collectively. The other is that very complex system which is founded on the generosity and liberality of successive generations, to which this Society seeks to give something like an organisation fitting and suited to the necessities and exigencies of the time. Now, you have felt, and I have felt, this very strongly. The principle of the Poor Law is a very benevolent one; it is one that reflects immense credit on the country and its history, and it is this, that no subject of this realm shall suffer for want of the necessaries of life—that if a case of positive necessity is brought home to those who have to administer the Poor Law, that case, deserving or undeserving, must be relieved. (Hear, hear.) Well, in the administration of that law we have found—as you have found in the administration of the charities—that it is open to very great abuse. It is a principle that we cannot abandon, any more than you can interfere with the motives and inducements of those who wish to give to those who want; but it is a principle the carrying out of which must be watched with great patience and care (hear); so much so, indeed, that I believe a great many of those who have given their minds with the closest attention to the question of Poor-law administration, are almost inclined to say to themselves and the public that the main function of those who have the administration of that law is to take care to do as little harm as possible. (Hear, hear.) Now I know that that is a very great and difficult function, and it is one which occupies my daily thought. But

I am not prepared, and you have shown that you are not prepared, to be content with such a resolution of the Poor-law difficulty, or of that of the administration of voluntary charity. (Hear, hear.) To be content with such a solution, so far as the Poor Law is concerned, would be simply to apply the workhouse test, and to refuse outdoor relief, no matter how much required or what the exigency of the case; and to the administration and organisation of voluntary charity, to give the attempt up altogether. I hold such philosophy to be wholly insufficient for the facts with which we have to deal (hear, hear), and with the conditions of mind and belief, fortunately, of our country. I am fully conscious of the extreme difficulty of the problem. It is a problem, as has been wel said, of very great complexity. Our first duty in administering a charitable law, or great voluntary charities, is, as far as possible, to take care we do not do mischief, whilst actuated by a desire to do good. It is, I say, necessary that we should carry our labours a step farther, and endeavour, by every amount of consideration and effort that may be necessary in devising an organisation, to do something more than minimise the evils of a system which is intended to work positive good. Now, while it is hardly fitting that I should deal with the details of the question, I should like to say I am unable to see how, so far as the administration of the Poor Law is concerned, we can succeed in solving our problem without your assistance. I think there are relations between the administration of the Poor Law of this country and the administration of its voluntary charities which are beginning to dawn upon people's minds, but to which we do not see our way quite clearly as yet. But they will have to be considered, if we would in the future make even the administration of the Poor Law adapted to the conditions and exigencies of the time. (Hear, hear.) And I look with great sympathy upon the establishment and operation of the Charity Organisation Society, because it has set itself to that task. I trust that those who conduct its operations here and elsewhere will endeavour to think out that part of the subject, and I can only assure them, so far as the department with which I have the honour to be connected is concerned, that I shall always be ready, and more than ready—thankful—to discuss with them any practical proposals which may occur to them with that object in view. (Hear.) You must allow me to refer for a moment to the observations which have been made by Dr. Acland. While not accepting the high eulogium which he was

pleased to pass upon me, I can say that my thoughts are given with no sparing of time or labour to the question of the administration of the department with which I am occupied just now, and also to the question of future legislation. (Hear, hear.) It is not for me, of course, to undertake to commit my colleagues upon the subject of the legislative measures of next Session, or to anticipate what may be the views of Parliament upon the subject; but I may, perhaps, say to you without indiscretion that, as far as I am myself concerned, I should be much disappointed if an opportunity were not to offer itself to me of putting forward some legislative proposals next Session upon the subject of the sanitary administration of the country (hear, hear), and that I am at this time busily engaged, at any rate, in putting into shape proposals which I hope to submit to my colleagues upon that subject. (Hear, hear.) The relations between the administration of the Poor Law and the administration of what may be called the health of the country are intimate and known to us all, and are evidently well understood by those who took part in the discussion to-day. I was very much struck by the suggestion of Dr. Acland, that it might be well in the organisation of hospitals and infirmaries, whether belonging to unions, or parishes, or to towns, that provision should be made for the treatment in the same building and under the same management, not only of those who were professedly and acknowledgedly paupers, but also of the great mass of the community who could not afford at their own homes to secure the conveniences and accommodation which might be afforded to them in the hospitals, even if they contributed somewhat to the support of those institutions. That suggestion shall have my careful consideration. (Hear, hear.) I do not propose to continue the discussion. I was desirous simply of accounting for my presence on this occasion, which I believe is not a very usual circumstance, but I may say I almost volunteered to come. I felt strongly the usefulness of this discussion. I was convinced that great good would come of it, and also that I should derive much more benefit from it by being here than by reading any report of the discussion, however full and accurate it might be. I have only to thank you for the kind manner with which you have listened to the few remarks which I have made.' (Applause.)

The Chairman said he was anxious to state, before putting the resolution, that he was not in any way opposed to the

Hospital system. What he was anxious for was that those excellent institutions should be made more efficient and more perfect in their administration for the relief of the sick poor than they now were. He had been asked to state that the Charity Organisation Society was ready to assist the managers of the Hospitals by making inquiries as to the cases registered in the books of their out-patient wards. He had taken some trouble some years ago to investigate such cases in connection with one large Hospital, and found that 20 per cent. of the cases so registered had given false addresses; so that it was impossible to trace them. The great object they all had in view was to do the greatest amount of good to the greatest number. They desired, so far as they could, to make the poor of the country self-reliant and self-dependent, to place them in a position in which they could depend upon their own wages for their own support, and for that purpose it was necessary to remove from them temptations, and to teach them to rely on their own strong arms and their own providence, so that they might make provision for one of those contingencies of life to which all were exposed, and which it was as necessary to provide against as against fire or any other calamity which was common to all. (Hear, hear.)

The resolution was put and carried, and the proceedings terminated with a vote of thanks to the chairman.

APPENDIX V.

Correspondence relating to the Memorial to the Committee of Council of the British Medical Association.

From the 'British Medical Journal.'

At a meeting of the Committee of the Council of the British Medical Association on April 15, 1875, there was read a letter from Dr. Meadows and Dr. W. Fairlie Clarke, of which the following is a copy:—

'27 George Street, Hanover Square, London:
April 14, 1875.

'Dear Sir,—We beg leave to forward herewith a memorial to the President and Committee of Council of the British Medical Association, which we have been engaged in promoting during the last few months.

'As the memorial speaks for itself, it is not necessary for us to say anything about the subject to which it relates. We are, however, anxious to mention one or two facts with regard to the signatures, and the way in which they have been obtained.

'The total number of names appended to the memorial is 303; of these, 195 are from London, while 108 are from the country. Of the metropolitan practitioners who have signed, 92 are connected with hospitals; while 103 are general practitioners, and many of these hold dispensary appointments. Among the former, you will find the names of not a few of the leading men in the profession.

'Speaking generally, the way in which the signatures have been obtained is this: (1) We have written, or sent circular notes, to those members of the staffs of the London hospital schools *with whom we were ourselves acquainted*; and similarly we have applied to others whom we had reason to believe were interested in the question. (2) By the kindness of the Editor, lists of the signatures have from time to time been inserted in the *British Medical Journal*, with a request that those who desired to add their names would communicate with us. In reply to this invitation, a considerable number of names have been received.

'These are the principal means that we have adopted to obtain signatures; and we are anxious to make it clear that *nothing like a general canvass of the profession has been attempted*, either in London or elsewhere. Bearing this in mind, we trust you will consider both the number and the character of the signatures such as to induce the Committee of Council to take the prayer of the memorial into their consideration. From the very small number of refusals that we have met with, and from the large number of cordial notes of approval we have received, we are fully persuaded that the opinions expressed in the memorial are, in the main, those of the great majority of the profession.—We are, dear sir, yours faithfully,

'Alfred Meadows, M.D.
'Wm. Fairlie Clarke.

'To George Southam, Esq., F.R.C.S., President of the Committee of Council of the British Medical Association.'

It was thereupon resolved: 'That the memorial be presented at the annual meeting, with the suggestion that a committee should be appointed to consider the whole question of medical relief by hospitals and dispensaries of the United Kingdom, and to report thereon.' And it was further resolved: 'That the gentlemen forwarding the memorial relative to the mismanagement of the medical charities be requested to devise some measure of reform to be considered at the next general meeting of the Association.'

At a meeting of the Committee of Council on July 13, 1875, the following letter was received from Dr. Meadows and Dr. W. F. Clarke, addressed to Mr. Francis Fowke, General Secretary, British Medical Association:—

'July 10, 1875.

'Sir,—In reply to your letter of April 29, in which you forward copies of the resolutions passed at a meeting of the Committee of Council held in London on April 15, relative to the memorial on the subject of hospital and dispensary abuse, which was promoted by us, we beg leave to say:—

'That it appears to us undesirable that the Association should put forward any *detailed* measure of reform. It would be almost impossible to devise a scheme which would be suitable to all the varieties of medical charities scattered throughout the kingdom. Some might object to one particular and some to another, and thus the entire scheme might fall to the ground. It seems to us, therefore, that

the best course would be to endeavour to lay down certain *general principles*, which would commend themselves to the great bulk of the profession, and which would form a basis upon which each institution might reform itself according to its individual circumstances. Perhaps, in addition to this, examples might be given of the way in which these general principles either have been, or might be, carried out at different hospitals and dispensaries.

'As the Committee have requested us "to devise some measure of reform," we venture to submit the following suggestions:—

'1. That there can be no doubt that the medical charities have come to be greatly misused; that many persons resort to them for whom they are not intended, and who, though belonging to a humble station in life, are yet well off for their position, and quite able to contribute something towards the expense of their own medical treatment.

'2. That, if this be admitted, it becomes a part of the duty of our profession, which is entrusted with the medical arrangements of the country, to take care that nothing is allowed which tends to pauperise a large and influential section of the community.

'3. That at all hospitals and dispensaries there should be, as a primary and integral part of their machinery, some system whereby an effectual inquiry may be made into the social condition of the applicants, and their ability or non-ability to pay something for themselves.

'4. Such a system of inquiry ought to be carried out in a spirit which, while it does not check the exercise of real charity, may yet be duly mindful of the welfare of the nation at large and of the just interests of the profession.

'5. That, in the case of dispensaries and hospitals where systematic payments are made by patients, some portion of the income thus obtained should be set apart as an honorarium for the medical officers.

'6. That, in the development of the "provident system," and the various modifications of which it is susceptible, a remedy may perhaps be found for the evils which have become apparent.

'These suggestions might be supported by an appendix giving references to institutions or societies which are conducted in accordance with them, and which would serve to illustrate them; such, for example, as the Royal Albert Hospital, Devonport; the Northampton Provident Dis-

pensary; the Coventry Provident Dispensary; and the Manchester scheme of Provident Dispensaries; and, in London, the Haverstock Hill, the Royal Pimlico, and the Camberwell Provident Dispensaries.

'If something of this kind were put forward with the weight and authority of the British Medical Association, it would satisfy the object we had in view in promoting the memorial, and would, we believe, greatly strengthen the hands of those who are trying to bring about reforms in hospital management.

'In order to elicit the opinion of the public upon the foregoing propositions, and indeed upon the whole subject of hospital management, we would suggest that, at the annual general meeting of the British Medical Association, a special committee should be formed, composed of members of the Committee of Council, along with a few of those who have shown the greatest interest in the memorial. Thus a committee might be formed whose opinion could not fail to have weight with the public, and whose decisions might regulate the course of reform for many years. If such a committee were to invite the attendance of persons who are well known to have given their attention to this subject, and were to question them after the manner of witnesses before a Parliamentary Committee, the opinions of both laymen and medical men might be elicited; and, if an abstract of such evidence could be published in the *British Medical Journal*, it would undoubtedly create a widespread interest in the ultimate report of the Committee.

'We are, Sir, yours faithfully,

'Alfred Meadows, M.D., F.R.C.S.

'William Fairlie Clarke.'

PROVIDENT DISPENSARIES IN THE METROPOLITAN POLICE DISTRICT.

APRIL 1877.

Name	Established	Origin	Income: Honorary Subscriptions, Sermons, &c.	Income: From Members, including Midwifery Fees	Income: Total	Expenditure: Medical Men, including Midwifery Fees	Expenditure: Dispenser, or House Surgeon	Expenditure: Drugs	Expenditure: Other expenses, such as Secretary's Salary, Printing, Rent, Dental Fees, &c. &c.	Expenditure: Total	Members: Joined during year	Members: Total number	Work done: No. of Cases: At the Dispensary and Surgeons' Homes	Work done: No. of Cases: At the Homes of the Patients	Work done: No. of Visits: At the Dispensary and Surgeons' Homes	Work done: No. of Visits: At the Homes of the Patients	Midwifery: Total No. of Cases attended	Midwifery: By Medical Man: Fee paid by Member	Midwifery: By Medical Man: Addition paid out of Honorary Fund	Midwifery: By Midwife: Fee paid by Member	Midwifery: By Midwife: Addition paid out of Honorary Fund	No. of Medical Men, excluding Consulting Surgeons	Member's Subscription (approximately): Adults	Member's Subscription (approximately): Children	Member's Subscription (approximately): Families	Year of Report	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
Addington	1837	Branch of the Paddington District Visiting Society	£ 199 19 0	£ 438 17 6	£ 638 16 6	£ 270 10 0	£ 150 0 0	£ 88 11 0	£ 127 14 0	£ 636 15 0	1,369	...	5,273	1,873	...	...	141	s. d. 10 0	s. d. ...	s. d. ...	s. d. ...	4	Per Month. 4d.	...	6d. to 10d.	1876	
St. John's Wood and Portland Town	1845	Independent	272 15 3	292 6 5	565 1 8	206 17 0	150 0 0	113 2 4	81 6 1	551 5 5	420	1,143	3,294		...	...	97	10 6	...	...	...	3	Per Quarter. 2s.	...	2s. 6d. to 4s.	1876	
Hampstead	1845	Independent	162 13 2½	107 3 6	269 16 8½	89 16 0¾	35 0 0	35 11 0	109 6 0	269 13 0¾	...	574	960		...	...	20	10 0	...	...	...	3	...	...	...	1876	
SS. Paul and Barnabas, Ebury Street	1849	Converted since 1870	361 5 10	128 6 6	489 12 4	226 5 0		99 3 11	217 4 9	542 13 8	259	1,541	...	...	7,866	1,188	...	...	...	...	...	1 Resident	Per Month. 4d.	2d.	6d. to 10d.	1876	The amount in columns 7 and 8 includes a gratuity of £25 to resident medical officer.
Camberwell	1863	Independent	441 19 1	833 9 5	1,275 8 6	819 3 4	90 4 0	257 3 5	135 4 11½	1,301 15 8½	...	8,314	11,190		23,271	17,279	218	10 6	10 6	...	...	...	4d. to 6d.	2d.	6d. to 8d.	1876	
Wandsworth	1863	Independent	240 17 1	424 18 4	665 15 5	412 6 9	15 0 0	82 0 6	... ...	... ...	...	2,894	...	...	18,174	4,096	100	12 6	...	...	...	2 Resident	...	...	...	1873	
Islington and North London	1864	Independent	156 15 11	154 11 7	311 7 6	87 1 9½	... ...	63 19 7	166 15 5	317 16 9½	678	...	...	...	7,765	992	...	10 6	...	...	...	4	Per Quarter. 1s.	...	1s. 6d. to 2s. 6d.	1874	
Branches { **Andover Road, Hornsey Rd.	1870	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Branches { **Richmond Road, Barnsbury	1875	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Haverstock Hill	1865	Independent	227 19 1	575 7 4	803 6 5	523 12 4	33 15 0	59 0 0	113 6 1	729 13 5	...	3,396	...	...	9,000	4,400	128	15 0	5 0	5 0	...	3	Per Month. 4d. to 6d.	...	8d. to 1s. 4d.	1875	Since date of report a fourth doctor has been [appointed.
Westbourne Park	1855	Converted in 1870	244 17 5	230 5 3	475 2 8	52 17 0	125 0 0	39 19 0	328 11 3	546 7 3	...	...	...	...	12,526	2,169	32	...	...	5 0	...	3	4d.	...	6d. to 10d	1875	
Notting Hill	1860	Converted since 1870	374 16 1	216 3 3	590 19 4	190 12 2	101 10 2	109 5 2	189 19 3	591 6 9	...	Approximate 3,344	...	By Res. Med. Off. 1,325	10,296	By Res. Med. Off. 3,655	40	10 6	10 6	5 0	...	5	4d.	...	6d. to 10d.	1876	
Royal Pimlico	1832	Converted since 1870	600 18 11	364 0 10	964 19 9	309 7 0	172 16 2	178 7 3	280 13 9	941 4 2	...	...	...	...	...	...	...	...	...	...	...	4	4d. to 8d.	3d.	10d. to 1s.	1876	Midwifery cases *not* attended.
St. George's, Hanover Square	1868	Converted since 1870	583 12 7	157 18 8	741 11 3	116 11 0	{ 183 6 8 / 50 0 0 }	166 2 1	217 7 2	733 6 11	{ 124 Families / 647 Members }		...	...	...	...	...	...	...	...	...	3	6d.	2d.	8d. to 1s.	1875	Column 8, £183. 6s. 8d. is for resident medical officer and £50 for dispenser.
*Hampstead (The Mount, Heath Street)	1875	Independent	247 8 8¾	226 9 11½	473 18 8¼	223 2 6½	... ...	123 9 0	127 17 2	474 8 8¼	...	1,646	2,242		...	...	52	10 0	...	...	...	3	...	...	...	1876	A local chemist dispenses at 1s. 6d. per head [per annum, including medicine.
*Kilburn	1875	Independent	160 1 0	378 15 9	538 16 9	233 4 9	47 10 0	54 9 3	183 4 5	518 8 5	888	1,576	1,169	416	4,667	3,045	...	...	...	...	...	...	4½d.	...	1s. 1d.	1876	
Battersea	1844	Converted in 1876	78 3 4	312 16 0	390 19 4	112 9 4	... ...	64 3 11	214 6 1	390 19 4		3,634		2,000	7,400	2,700	...	{ 10 0 A / 15 0 B }	...	...	...	4	A. 1d. B. 2d.	½d. 1d.	Per Week. „	1876	{ Class A not to earn more than 30s. per week. / Class B not to earn more than 50s. per week.
*North Kensington and Kensal Town	1877	Independent	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	10 6	...	5 0	...	3	Per Month. 4d. to 6d.	2d.	10d.	...	
"Western," Broadway, Westminster	1789	Partially converted since 1870.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...		1,652	...	...	...	...	40	7 6	7 6	5 0	...	...	4d. to 6d.	2d.	8d. to 10d.	1875	Provident department only analysed here.
Croydon	1835	... ...	88 2 8	25 16 0	113 18 8	102 14 0	... ...	... ...	8 13 3	111 7 3	769	... ...	...	...	...	...	39	...	...	...	...	4	...	...	...	...	
Dulwich	1867	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1,500	...	...	...	...	...	...	...	...	...	4	...	...	...	1875	
**Child's Hill	1872	Independent	58 18 4	54 13 0	113 11 4	15 0 0	15 0 0	29 1 0	26 11 10	85 12 10	57	...	...	...	1,997	1,122	...	...	...	...	...	1	...	...	...	1876	
**Camden and Kentish Town	1871	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	300	...	...	...	...	...	...	...	...	...	2	...	...	...	1875	
Central Pancras	1854	... ...	6 16 6	117 2 6	123 19 0	60 0 0	... ...	58 11 3	3 16 0	122 7 3	... ...	700	...	...	...	...	...	...	...	...	...	4	5d. to 8d.	...	1s. to 1s. 4d.	...	This Dispensary suffers from the competition of two free Dispensaries. The dispensing is done by two neighbouring chemists, and the cost is included in 'Drugs.'
East London Provident Association	1846	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1876	This is a General Provident Association, but it contains a medical provident department well worthy of extension.
Provident Medical Institution, 20 Pimlico Road, S.W.	1869	... ...	... ...	189 19 11	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	A feature of this institution is 'The Invalid Nourishment Fund,' out of which dietary nourishment and stimulants are supplied on the medical officer's certificate.
**Brompton	...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	15 0	6 0	5 0	2 6	...	4d. to 6d.	2d.	1s. to 1s. 6d.	...	In course of formation.

NOTE.—(1) Thus there are twenty-seven known Provident Dispensaries in the London Police District, including the two branches of 'Islington and North London,' and the 'Western,' Broadway, Westminster, which is partially free. Of these, seven (marked *) have been converted from 'free' to 'provident' in, and since, 1870; and eight (marked **) have been established in, and since, 1870.
(2) The following Dispensaries, although not provident, take some payment from their members—viz., General Dispensary, Gerard Street, Soho; Finsbury; Holloway and North Islington; Islington; Metropolitan; South Lambeth.
(3) The Marylebone Provident Dispensary, the oldest in London, closed in 1875, being unable to stand the increased competition of surrounding free Dispensaries and out-patient departments.

APPENDIX No. VII.

Separate Accommodation for Sick Indoor Paupers.

State of Progress, March 25, 1877.

	Unions and Parishes.
1. In sick asylum districts	6
St. Giles and St. George, Bloomsbury.	Westminster.
St. Pancras.	Stepney.
Strand.	Poplar.
2. Separate infirmaries open, and orders for their management under medical administration issued	14
Camberwell.	St. George-in-the-East.
Chelsea.	St. Olave's.
Greenwich.	Shoreditch.
Hackney.	Wandsworth and Clapham.
Islington.	Whitechapel.
Kensington.	Woolwich.
Lambeth.	
London, City of.	
3. Separate infirmaries in course of erection or designed	4
St. Saviour's.	Holborn.
St. George's.	Marylebone.
4. Unions or parishes in which the sick are still retained in mixed workhouses	6
Bethnal Green.	Paddington.
Fulham.	Hampstead.
Lewisham.	Mile End Old Town.
Total	30

Extract from the Report of the Local Government Board for 1875–6.

In the final Report of the Poor Law Board (1870–1), and in the first Report of the Local Government Board (1871–2), some account was given of the introduction of the dispensary system in the Metropolitan District.

At the latter of those dates it was stated that 37 dispensaries were in operation, and that 13 were in course of construction, making a total of 50.

At present the number of dispensaries is 47. The system has, in fact, been extended to all the districts in which in 1871 it seemed desirable to introduce it; but in one instance (Bethnal Green) it has been found that the number of dispensaries in a district might be diminished without impairing the efficiency of the service; and in one case (Wandsworth), the second of two dispensaries which it has been determined to establish is not yet in working order.

At the date of the first Report there were certain districts in the metropolis where, owing to the comparative sparseness of the population, the establishment of this new system of outdoor medical relief did not appear to be advisable. The unions of Fulham and Lewisham, parts of the unions of Camberwell, Hackney, Woolwich, and Wandsworth, and the parish of Hampstead fell under this category. But the very rapid increase of population in these districts in the course of the last five years may involve the expediency of some further extension of the system as circumstances from time to time require.

Experience has shown that the necessary cost involved in the erection of a dispensary is extremely small. In many cases, as at Lambeth and Bethnal Green, dwelling-houses of very moderate dimensions have been adopted for the purpose, a waiting-room for the patients being built on the small space of ground behind. In other cases dispensaries have been combined with buildings erected for other purposes, as with new workhouse infirmaries, or with relief offices, with labour yards, &c. In no case has the structural expenditure been such as to raise any reasonable objection to the introduction or extension of the system. The limiting conditions have been, first, the necessity of occupying the

full time of a dispenser, and consequently of attaching to the same dispensary a sufficient number of medical districts; secondly, the arrangement of the position of a dispensary so as to be easily accessible, both to the patients and to the medical officers. It has been found undesirable, in practice, to establish dispensaries when the distance from the patients' houses would be more than a mile. Bearing in mind the far greater distances travelled by recipients of outdoor medical relief in rural districts, this restriction might at first sight appear somewhat excessive. But the convenience of the medical officers, nearly all of whom are engaged in private practice, has also to be considered.

The question of outdoor medical relief in all its bearings, whether charitable or official, is one which has of late years received much attention. The Poor-law dispensary system, initiated by the legislation of 1867, borrowed certain of its administrative features from the analogous system which had been in working for twenty-five years in Ireland. The difference, however, between the Irish and the London systems is fundamental. In Ireland, official medical relief is not considered as implying the pauperism of the recipient. In England, no distinction is made between medical and other kinds of relief. It is not necessary to refer at length to the various circumstances which have led to the establishment of an exceptional system in Ireland. It is enough to indicate the dangers which in this country would assuredly follow a relaxed rule in this respect.

The consideration which has been given recently to the organisation of charity in London has led to the conviction that the extreme facilities with which medical relief is obtained in the out-patient department of many of our public charities is an evil of great magnitude, and is often the first step in the downward progress towards pauperism.

In one or two instances this tendency has shown itself in the metropolitan Poor-law Dispensaries. It has been found that relieving officers were giving orders for medical attendance to persons not in the receipt of other relief, and evidently not destitute. The attention of the guardians was called to this subject, and a stricter administration was promptly substituted. It is obvious that the remedy in such cases must lie with the guardians themselves; and with the view of rendering their supervision more uniform and unfailing, it would be well if the practice, already adopted by

some Boards of Guardians, were to become universal, of granting the medical relief order for a month only.

But these precautions being taken, there can be no doubt that the establishment of dispensaries has exercised a most beneficial influence on the administration of medical out-relief. It is an advantage to the patient, who is certain of obtaining his advice and medicine at a fixed hour. To the medical officer, who is no longer burdened with the duty of providing costly drugs from a slender salary, a fixed hour and a public office for the performance of his official duties is not less advantageous. The strictly medical duties of examining and prescribing for the patient are no longer complicated by the labour of dispensing drugs. And, finally, the guardians are enabled to keep this important branch of relief under control and inspection in a way which before was impossible.

The Medical Relief Book prescribed in the dispensary order is a far more effective and satisfactory record of the work done than that formerly in use. It cannot be said that the degree of care with which the entries are made is as yet in all cases wholly satisfactory. But improvements in this respect are being gradually effected by the various dispensary committees. The importance of these records as a mode of assisting the District Officers of Health, to whom they are accessible, should be a strong motive for accuracy and care in their preparation.

The position of the dispenser in these institutions is one of great importance. It has been thought right, in view of the responsible duties assigned to these officers, to sanction some increase in their salaries. It is possible that certain changes may be considered advisable in the regulations issued by the Board with the view of rendering the control exercised over the expenditure in drugs somewhat more efficient.

POOR-LAW DISPENSARIES IN THE METROPOLIS.

MARCH 1877.

Union or Parish	Situation	Time open	To what Relief District attached.
Bethnal Green, St. Matthew.	Guardians' Offices, Bishop's Road.	9 to 12 and 6 to 8.	Nos. 1 2, and 6.
	Church Row, Bethnal Green.	Ditto.	Nos. 3, 4, and 5.
Camberwell, St. Giles.	Infirmary, Havil Street.	10 to 1 and 5 to 7, except Sundays.	Camberwell, St. George's.
	178 Commercial Road, Peckham.	Ditto.	North Peckham, Christchurch.
Chelsea, St. Luke	Britten Street, Arthur Street.	9 to 1 and 5 to 7.	South-West. North-East. North-West. South-East.
Fulham	No Dispensary.		
George's (St.)	Mount Street	9 to 5.	A.
	Stockbridge Terrace, Pimlico	10 to 3 and 5 to 7	B. C. D. E. F. and G.
George-in-the-East (St.)	28 Cannon Street Road, E.	10 to 12 and 2 to 4	So much of the Parish as is situate north of Cable Street, and so much of the Parish south of Cable Street to the Draw Bridge, Old Gravel Lane.
	Princes Street, Old Gravel Lane.	12 to 1 and 4 to 6.	So much of the Parish south of Draw Bridge.
George and Giles-in-the-Fields, Bloomsbury (SS.)	Workhouse, Short's Gardens.	9 to 1 and 3 to 6; Sundays, 12 to 1.	The Parishes.
Greenwich	Royal Hill, Greenwich.	9 to 1 and 4 to 7.	East Greenwich, West ,, Central ,,
	14 Union Street, Deptford.	9 to 1 and 3 to 7.	North Deptford East ,, South ,,
Hackney	Rosebery Place, Dalston.	10 to 12 and 4 to 6, except Sundays.	Nos. 1, 3, 6, and 7.
	Workhouse, Homerton.	Ditto.	Nos. 2, 4, 5, and 8.
Hampstead, St. John	No Dispensary.		
Holborn	Farringdon Road	9 to 1, 3 to 5, 6 to 7.	Holborn Districts.
		Ditto.	Clerkenwell Districts.
	97 Old Street	Ditto.	St. Luke's Districts.
Islington, St. Mary	St. John's Road, Upper Holloway.	9 to 1 and 3 to 7; Sundays, 1.30 to 2.30.	Upper Holloway.
	Liverpool Road	Ditto.	Thornhill, Barnsbury, Lower Holloway, and St. Mary's.
	36 Newington Green Road.	Ditto.	St. Peter's, Highbury, and Canonbury.

Union or Parish.	Situation	Time open	To what Relief District attached
Kensington . . .	Mary Place, Notting Hill.	*11 to 1 and 4 to 6, except Sundays.	Nos. 1, 2, and 3.
	Infirmary, Marloes Road.	9 to 6, except Sundays.	Nos. 4 and 5.
Lambeth, St. Mary	34 Broad Street .	9 to 1 and 3 to 7.	Nos. 5, 6, and 7.
	Palace Road, Stangate.	9 to 7.	Nos. 1, 2, 3, and 4.
	145 Stockwell Road	Ditto.	Nos. 8, 9, and 10.
Lewisham . . .	No Dispensary.		
London, City of .	Northumberland . Alley.	9 to 2 and 3 to 6, except Sundays.	Nos. 4, 5, and 6.
	Thavies Inn, Holborn.	Ditto.	Nos. 1, 2, and 3.
Marylebone (St.) .	47 East Street, Manchester Square.	9 to 1, 3 to 5, 6 to 7.30, and at 10 p.m.; Sundays at 3.	St. Mary's, the Rectory, All Souls, and Cavendish.
	Little Union Place, Lisson Grove.	Ditto.	St. John's and Christ Church.
Mile End Old Town	Workhouse, Bancroft Road.	9 to 5.	Whole of the Hamlet.
Olave's (St.) . .	98 Bermondsey . Street.	9 to 12.30 and 5 to 7.	Nos. 1, 2, and 3.
	3 Goldsworthy Place, Lower Road.	9 to 12 and 5 to 7.	Nos. 4 and 5
Paddington, St. Mary.	Workhouse, Harrow Road.	10 to 2 and 4 to 6.	Whole of Parish.
Pancras, St. . . .	Leighton Road . .	9 to 1 and 2 to 6.	Nos. 1 and 2
	King's Road . . .	9 to 6.	Nos. 3, 4, 5, 6, 7, and 8.
Poplar . . .	High Street, Poplar	10 to 6.	East, West, and Middle Districts.
	Grace Street, . . Bromley.	Ditto.	Bromley and Bow.
Saviour's (St.) . .	55 Blackman Street	9 to 1 and 3 to 6.	1st, 2nd, 3rd, 4th, and 5th.
	Workhouse, Westmoreland Road, Walworth.	Ditto.	6th, 7th, 8th, and 9th.
Shoreditch, St. Leonard's.	204 Hoxton Street, N.	9 to 2 and 4 to 6.	Whole Parish.
Stepney	York Street West, Ratcliff.	10 to 1 and 2 to 6.	Whole Union.
Strand	6 Bow Street, Covent Garden.	10 to 5.	Whole Union.
Wandsworth and Clapham.	St. John's Hill, New Wandsworth.	9 to 1 and 3 to 6.	West Battersea, Wandsworth.
Westminster . .	Poland Street, Oxford Street.	10 to 2 and 5 to 7.	Whole Union.
Whitechapel . .	Thomas Street, . Whitechapel.	9 to 6, except Sunday.	Whole Union.
Woolwich . . .	Rectory Place, Woolwich.	9 to 12, 2 to 3, 5 to 6.	Charlton, West Woolwich, and East Woolwich.
	Workhouse. Plumstead.	Wednesdays and Saturdays, 10 to 11 and 2 to 3; other days, except Sundays, 10 to 11 and 5 to 6.	Plumstead.

* Medicine given at any hour.

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